

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833308

FILED
Mar 27, 2007
Secretary of State

Entity Name: THE TRUST FOR PUBLIC LAND

Current Principal Place of Business:

116 NEW MONTGOMERY ST.
4TH FLOOR
SAN FRANCISCO, CA 94105 US

New Principal Place of Business:

Current Mailing Address:

116 NEW MONTGOMERY ST.
4TH FLOOR
SAN FRANCISCO, CA 94105 US

New Mailing Address:

FEI Number: 23-7222333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: MARCUS, FELICIA
Address: 116 NEW MONTGOMERY, 4FL
City-St-Zip: SAN FRANCISCO, CA 94105

Title: P () Delete
Name: ROGERS, WILLIAM B
Address: 116 NEW MONTGOMERY, 4FL
City-St-Zip: SAN FRANCISCO, CA 94105

Title: SEC () Delete
Name: LEE, NELSON J
Address: 116 NEW MONTGOMERY, 4 FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: AT () Delete
Name: DOBRATZ, TOD O
Address: 116 NEW MONTGOMERY, 5TH FL
City-St-Zip: SAN FRANCISCO, CA 941105

Title: VP () Delete
Name: ALLEN, W. DALE
Address: 306 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BAIRD, JOHN W
Address: 120 S. LASALLE, STE 2000
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. ROGER

AS

03/27/2007

Electronic Signature of Signing Officer or Director

Date