2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#833308

FILED Apr 21, 2008 Secretary of State

Entity Name: THE TRUST FOR PUBLIC LAND

Current	rincipal Place	of Busi	iness:	New Princ	cipal Place of Business:
4TH FLOC					
SAN FRAI	NCISCO, CA S	4105	US		
Current N	lailing Addres	s:		New Maili	ing Address:
116 NEW	MONTGOMER	≀Y ST.			
4TH FLOO SAN FRAI	OR NCISCO, CA 9	94105	US		
	: 23-7222333		mber Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired (X)
Name and	l Address of C	Current F	Registered Agent:	Name and	Address of New Registered Agent:
1200 S. PI	ORATION SYS NE ISLAND RO ION, FL 33324	DAC			
	e named entity : e of Florida.	submits t	this statement for the p	ourpose of changing i	its registered office or registered agent, or bo
SIGNATU	RE:				
	Electror	ic Signa	ture of Registered Age	ent	Date
OFFICER	S AND DIREC	TORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address:	EVP () MARCUS, FELI 116 NEW MON		Y, 4FL	Title: Name: Address:	() Change () Addition
City-St-Zip:	SAN FRANCISO	O, CA 94	1105	City-St-Zip:	
Title: Name: Address: City-St-Zip:	P () ROGERS, WILL 116 NEW MON SAN FRANCISC	TGOMERY		Title: Name: Address: City-St-Zip:	() Change () Addition
	SEC ()			Title:	() Channa () Addition
Title: Name: Address: City-St-Zip:	LEE, NELSON 116 NEW MON SAN FRANCISC	TGOMERY		Name: Address: City-St-Zip:	()Change ()Addition
Name: Address: City-St-Zip: Title: Name: Address:	LEE, NELSON 116 NEW MON SAN FRANCISC AT () DOBRATZ, TOI 116 NEW MON	J TGOMERY CO, CA 94) Delete O O TGOMERY	4105 Y, 5TH FL	Name: Address: City-St-Zip: Title: Name: Address:	T (X) Change () Addition SCHERER, CYNTHIA 116 NEW MONTGOMERY, 5TH FL
Name: Address: City-St-Zip: Fitle: Name:	LEE, NELSON 116 NEW MON SAN FRANCISO AT () DOBRATZ, TOI 116 NEW MON SAN FRANCISO	J TGOMERY CO, CA 94 Delete O O TGOMERY CO, CA 94 Delete LE DNROE ST	4105 Y, 5TH FL 41105 TREET	Name: Address: City-St-Zip: Title: Name: Address:	T (X) Change () Addition SCHERER, CYNTHIA

I hereby certify that the information supplied with this filing does not qualify 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: CECILIA BLAKE AS 04/21/2008