


FILED

Feb 19 1997 8:00am
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>NONPROFIT CORPORATION ANNUAL REPORT 1997</div><div></div><div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div></div>	
DOCUMENT # 857360 (2)	
1. Corporation Name TAMPTTEL V, INC.	
Principal Place of Business C/O O'CONNOR REALTY ADVISORS INC. 40 W. 57TH ST. NEW YORK NY 10019	Mailing Address C/O O'CONNOR REALTY ADVISORS INC. 40 W. 57TH ST. NEW YORK NY 10019-4001
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Country
9. Name and Address of Current Registered Agent CORP. SVC COMPANY, 1201 HAYS STREET TALLAHASSEE FL 32301	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE _____ (NOTE: Registered Agent signature required) <small>Signature, typed or printed name of registered agent and title if applicable</small>	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE RUFRANO, GLENN J 399 PARK AVE. NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> DELETE GIFFORD, BENJAMIN J 399 PARK AVE. NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> DELETE ASTARITA, MICHAEL G 40 WEST 57TH ST. NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE DAVIS, JAY B 399 PARK AVENUE NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
13.	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



CP2E037 (9/96)