

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003138

FILED
Apr 06, 2007
Secretary of State

Entity Name: I&G DIRECT REAL ESTATE MANAGER 12, INC.

Current Principal Place of Business:

245 PARK AVENUE
NEW YORK, NY 10167

New Principal Place of Business:

Current Mailing Address:

245 PARK AVENUE
NEW YORK, NY 10167

New Mailing Address:

P.O. BOX 5005
NEW YORK, NY 10163

FEI Number: 20-2887371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIFFORD, BENJAMIN G
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS () Delete
Name: ADAMS, KIMBERLY A
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS () Delete
Name: ANDERSON, JEAN
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS () Delete
Name: ANDREWS, TARA A
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS () Delete
Name: AZELBY, JOSEPH K
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS () Delete
Name: BELLINI, LOLA
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CARBONE, MATTHEW C
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: VPAS (X) Change () Addition
Name: QUINTERO, CYNDI
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: DTR (X) Change () Addition
Name: DORT, ALFRED W
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

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

Title: VP (X) Change () Addition
Name: GELLER, INNA T
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNDI QUINTERO

VPAS

04/06/2007

Electronic Signature of Signing Officer or Director

Date