## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000001937

Entity Name: TISHMAN SPEYER PROPERTIES, INC.

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O TISHMAN SPEYER, 45 ROCKEFELLER PLAZA NEW YORK, NY 101111				C/O TISHMAN SPEYER, 45 ROCKEFELLER PLAZA 7TH FLOOR NEW YORK, NY 10111			
Current Mailing Address:				New Mailing Address:			
	MAN SPEYER K, NY 10111	, 45 ROCKEFELLER PLAZA		7TH FLOO	1AN SPEYER R K, NY 10111	, 45 RO	CKEFELLER PLAZA
FEI Number:	13-3204710	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status Desired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address of	New Reg	gistered Agent:
		CDRIVE, SUITE 4 US					
	named entity e of Florida.	submits this statement for the pu	rpose o	f changing it	ts registered	office or	registered agent, or both,
SIGNATUR	RE: CAROL (	GLOSPIE					
	Electro	nic Signature of Registered Ager	it				Date
		03(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	SPEYER, ROB	SPEYER, 45 ROCKEFELLER PLAZA		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	BENNER, MICH	SPEYER, 45 ROCKEFELLER PLAZA		Title: Name: Address: City-St-Zip:	BENNER, MIC	HAEL B SPEYER,	( ) Addition 45 ROCKEFELLER PLAZA
Title: Name: Address: City-St-Zip:	WECHSLER, S	SPEYER, 45 ROCKEFELLER PLAZA		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	VP ( AUGARTEN, E C/O TISHMAN NEW YORK, N	AVID SPEYER,	(X) Addition 45 ROCKEFELLER PL
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	MAKOWSKY,	RUSSELL SPEYER,	(X) Addition 45 ROCKEFELLER PL

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

SIGNATURE: MICHAEL BENNER SECR 10/21/2009