

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005070

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** MUTUAL OF AMERICA CAPITAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

320 PARK AVENUE  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

320 PARK AVENUE  
NEW YORK, NY 10022

**New Mailing Address:**

**FEI Number:** 13-3701801

**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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LEAR, AMIR  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: CFO  
Name: GREED, JOHN R  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: PRES  
Name: DILLMAN, THOMAS J  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: SECY  
Name: MARTIN, THOMAS L  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: TREA  
Name: MEDLIN, GEORGE L  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: DIR  
Name: BISHOFF, THERESA A  
Address: 320 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L. MARTIN

SECY

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date