FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

.PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1) **DOCUMENT #** F56549 TISHMAN REALTY CORPORATION OF FLORIDA Mailing Address Principal Place of Business 666 FIFTH AVE 666 FIFTH AVE. 36TH FLOOR 36TH FLOOR NEW YORK NY 10103 NEW YORK NY 10103 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1981 04/19/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 13-3094902 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Ζip Country Country Ζφ Florida Statutes ☐ Yos ☐ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 TALLAHASSEE FL 32301 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Rigg stered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 DELETE 1.1 TITLE TITLE 1.2 NAME NAME SCHWARZWALDER, LARRY 13 STREET ADDRESS STREET ADDRESS 666 FIFTH AVE 14 CHTY - \$1 - ZIP NEW YORK, NY 10103 CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE 22 NAME KOTOUN, KATHLEEN 2.3 STREET ADDRESS STREET ADDRESS 666 FIFTH AVENUE 24 CITY-ST-ZIP CHY-S1-ZIP NEW YORK NY ☐ Addition DELETE 3 1 TITLE TITLE PC00 3.2 NAME VICKERS, JOHN NAM: 3.3 STHEFT ADDRESS 668 FIFTH AVENUE STREET ADDRESS 3 4 CITY - ST - 2IP NEW YORK NY CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE CEO 4.2 NAME NAME TISHMAN, JOHH L 4.3 STREET ADDRESS STREET ADDRESS 666 FIFTH AVE 4.4 CITY - ST - ZIP CHY-ST-ZIP NEW YORK, NY 00000 Addition DELETE 5 1 TITLE TITLE DEVP 5 2 NAME TISHMAN, DANIEL NAME 5 3 STREET ADDRESS STREET ADDRESS 84 STATE STREET 5 4 CITY - \$1 - ZIP **BOSTON MA** CITY-ST-ZIP Change Addition DELETE 6 11IILF TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an alleschment with an acidress. 64 CITY - \$1 - 2IP

chwagwalde

212-399-3627