## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

City-ST-7IP

NEW YORK, NY

666 FIFTH AVE

NEW YORK, NY

BECK, FRANK

666 FIFTH AVE

NEW YORK, NY

TISHMAN, DANIEL

00000.

## Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # F56549 TISHMAN REALTY CORPORATION OF FLORIDA Principal Place of Business TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 US TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3094902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000323464 Trust Fund Contribution. Added to Fees 04/22/05-80051-017 150.00 10. OFFICERS AND DIRECTORS TITLE SCHWARZWALDER, LARRY NAME 666 FIFTH AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10103, TITLE KOTOUN, KATHLEEN NAME STREET ADDRESS 666 FIFTH AVENUE NEW YORK, NY CITY-ST-ZIP DCOO . TITLE VICKERS, JOHN NAME STREET ADDRESS 666 FIFTH AVENUE DO NOT WRITE NEW YORK, NY CITY-ST-ZIP CEO TITLE IN THIS SPACE TISHMAN, JOHH L NAME 666 FIFTH AVE STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR