

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0617589 AT

05-05-2003 90728 016 ***150.00

DOCUMENT # F56549

1. Entity Name
TISHMAN REALTY CORPORATION OF FLORIDA



Principal Place of Business
TISHMAN REALTY & CONSTRUCTION CO., INC.
666 FIFTH AVENUE, 36TH FLOOR
NEW YORK NY 10103
US

Mailing Address
TISHMAN REALTY & CONSTRUCTION CO., INC.
666 FIFTH AVENUE, 36TH FLOOR
NEW YORK NY 10103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3094902**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARZWALDER, LARRY	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK, NY 10103	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOTOUN, KATHLEEN	
STREET ADDRESS	666 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	VICKERS, JOHN	
STREET ADDRESS	666 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	TISHMAN, JOHN L	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	TISHMAN, DANIEL	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BECK, FRANK	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

212/399-3600
Daytime Phone #

CR2E034 (10/02)