FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006291 (8)

1. Corporation Name
TOWER REALTY MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
C/O GSIC REALTY CORPORATION 255 SHORELINE DRIVE, STE 600 REDWOOD CITY CA 94065	C/O GSIC REALTY CORPORATION 255 SHORELINE DRIVE, STE 600 REDWOOD CITY CA 94065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:
4. FEI Number: 94-3148412 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. I hereby 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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD D/ President	1.1 TITLE	Director/ President	☒ Change ☐ Addition
NAME	GAMELIN, PAUL A	1.2 NAME	Paul A Gamelin	
STREET ADDRESS	255 SHORELINE DRIVE	1.3 STREET ADDRESS	255 Shoreline Drive Ste600	
CITY-ST-ZIP	REDWOOD CITY CA	1.4 CITY-ST-ZIP	Redwood City CA 94065	
TITLE	VD	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	CHILD, S B	2.2 NAME	Che-Hsien Chang	
STREET ADDRESS	255 SHORELINE DRIVE	2.3 STREET ADDRESS	255 Shoreline Dr, Ste600	
CITY-ST-ZIP	REDWOOD CITY CA	2.4 CITY-ST-ZIP	Redwood City CA 94065	
TITLE	VD	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	TCHEAU, GUY	3.2 NAME	Kent Goodwin	
STREET ADDRESS	255 SHORELINE DRIVE	3.3 STREET ADDRESS	255 Shoreline Dr. Ste600	
CITY-ST-ZIP	REDWOOD CITY CA	3.4 CITY-ST-ZIP	Redwood City CA 94065	
TITLE	T	4.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	CARP, MICHAEL	4.2 NAME	Mario N. Zandstra	
STREET ADDRESS	255 SHORELINE DRIVE	4.3 STREET ADDRESS	255 Shoreline Drive, Ste600	
CITY-ST-ZIP	REDWOOD CITY CA	4.4 CITY-ST-ZIP	Redwood City CA 94065	
TITLE	S	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	MEASE, ELIZABETH	5.2 NAME	Lakey Almelen	
STREET ADDRESS	255 SHORELINE DRIVE	5.3 STREET ADDRESS	255 Shoreline Drive, Ste600	
CITY-ST-ZIP	REDWOOD CITY CA	5.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PHANG, BERNARD	6.2 NAME		
STREET ADDRESS	255 SHORELINE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY CA	6.4 CITY-ST-ZIP		

14. I 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)(i), 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 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 12 or Block 13 if changed, or on an attached amendment, with my address.

SIGNATURE: Michael Carp 1/31/95 415-593-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401073 FN