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

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **F94000006291 (8)**

1. Corporation Name
**TOWER REALTY MANAGEMENT CORPORATION**

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

Mailing Address
C/O GSIC REALTY CORPORATION
255 SHORELINE DRIVE. STE 600
REDWOOD CITY CA 94065

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: 03/03/1995

4. FEI Number: 94-3148412 — Applied For / Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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 _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | VP, D | ☐ Change ☒ Addition |
| NAME | GAMELIN, PAUL A. | | 1.2 NAME | Kent Goodwin | |
| STREET ADDRESS | 255 SHORELINE DRIVE, STE 600 | | 1.3 STREET ADDRESS | 255 Shoreline Dr. Ste 600 | |
| CITY-ST-ZIP | REDWOOD CITY CA 94065 | | 1.4 CITY-ST-ZIP | Redwood City, CA 94065 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHILD, S B | | 2.2 NAME | | |
| STREET ADDRESS | 255 SHORELINE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | REDWOOD CITY CA 94065 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TCHEAU, GUY | | 3.2 NAME | | |
| STREET ADDRESS | 255 SHORELINE DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | REDWOOD CITY CA 94065 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CARP, MICHAEL | | 4.2 NAME | | |
| STREET ADDRESS | 255 SHORELINE DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | REDWOOD CITY CA 94065 | | 4.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 5.1 TITLE | Secretary | ☒ Change ☐ Addition |
| NAME | MEASE, ELIZABETH | | 5.2 NAME | Rekha Patel | |
| STREET ADDRESS | 255 SHORELINE DRIVE | | 5.3 STREET ADDRESS | 255 Shoreline Dr. Ste 600 | |
| CITY-ST-ZIP | REDWOOD CITY CA | | 5.4 CITY-ST-ZIP | Redwood City, CA 94065 | |
| TITLE | D | ☐ DELETE | 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 94065 | | 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)(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 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 above, or on an attachment with an address.

**SIGNATURE:** Rekha Patel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/16/95 — Daytime Phone #: 415 593 3100

CR2E034 (12/95)