

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

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 94065-1404



3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1996

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GAMELIN, PAUL A.	
STREET ADDRESS	255 SHORELINE DRIVE, STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	CHILD, S B	
STREET ADDRESS	255 SHORELINE DRIVE	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	VO - VP	<input type="checkbox"/> DELETE
NAME	TCHEAU, GUY	
STREET ADDRESS	255 SHORELINE DRIVE	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARP, MICHAEL	
STREET ADDRESS	255 SHORELINE DRIVE	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATEL, REKHA	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHANG, BERNARD	
STREET ADDRESS	255 SHORELINE DRIVE	
CITY - ST - ZIP	REDWOOD CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/97

CR2E034 (9/96)