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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	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**

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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) 900005314639
-05/07/98--01010--049
83 ***600.00

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	VP Vice President	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	CHILD, S BRADFORD		1.2 NAME	Dr. Seek Ngee Huat / Kwok Wai Keong	
STREET ADDRESS	255 SHORELINE DRIVE, Suite 600		1.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065		1.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE	VP VP	☐ DELETE	2.1 TITLE	Director/President	☐ Change ☑ Addition
NAME	TCHEAU, GUY		2.2 NAME	Kent Goodwin	
STREET ADDRESS	255 SHORELINE DRIVE, Suite 600		2.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065		2.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE	T/Director	☐ DELETE	3.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	CARP, MICHAEL		3.2 NAME	Joseph Grubb, Jr	
STREET ADDRESS	255 SHORELINE DRIVE, Suite 600		3.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065		3.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE	S	☐ DELETE	4.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	PATEL, REKHA		4.2 NAME	Larry Almeleh	
STREET ADDRESS	255 SHORELINE DR STE 600		4.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065		4.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE		☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME			5.2 NAME	Jayme L. Bartholomew	
STREET ADDRESS			5.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Redwood City, CA 94065	
TITLE		☐ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME			6.2 NAME	Stephen Harrell	
STREET ADDRESS			6.3 STREET ADDRESS	255 Shoreline Drive, Suite 600	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Redwood City, CA 94065	

CR2E034 (10/97)

14. 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 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: _____ 4/30/98