## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700004988

Corporation Name

TGM OXFORD SQUARE INC.

Principal Place of Business
C/O TGM ASSOCIATES L.P.
650 FIFTH AVENUE
NEW YORK MY 10010

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

C/O TGM ASSOCIATES LP. 650 FIFTH AVENUE NEW YORK NY 10019

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90112 029 \*\*\*\*61.25

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Applied For

Not Applicable

3. Date Incorporated or Qualifed

09/16/1997 4. FEI Number

13-3898009

<b>22</b> j		21										
City & State	Э	City 8	City & State				5. Certifcate of St	atus Desired		\$8.75 A Fee Rec		
Zip	Country	Zip	Zip Country				6. Election Campa	aign Financing		\$5.00	May Be	
24	25	29	30				Trust Fund Cor	ntribution		Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
				81	Nam	ie						
CORPORATION SERVICE COMPANY					Chro		s (P.O. Box Numbe	r is Not Assents	able)			
1201 HAYS STREET				82	Stree	et Addres	S (P.O. BOX NUMBE	i is Not Accepte	2010)			
TALLAHASSEE FL 32301-2525				83								
IALLAIIA	SSEE 1 E 32301-2323									Jan 1 7: 0	-4-	
				84	City				FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND			13.	it signatui	ie iedaliea w	ADDITIONS/CH	ANGES TO OF	FICERS AN	DIRECTO	RS IN 12	
TITLE	#PD	DIRECTOR	☐ DELETE	1.1 TITLE		I		-		☐ Change	Addition	
NAME	GOCHBERG, THOMAS			1.2 NAME								
	% 650 FIFTH AVENUE 28TH FLOOR				ADDRES	ee						
STREET ADDRESS	NEW YORK NY 10019					3						
CITY-ST-ZIP TITLE	A EVP		DELETE	1.4 CITY+S 2.1 TITLE	1-ZIP	-				Change	Addition	
			_ occeie	2.2 NAME							_	
NAME	MACY, STEVEN C				F 4000F				•			
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR				ADORES	22	-					
CITY-ST-ZIP	NEW YORK NY 10019		☐ DELETE	2. 4 CITY-S	IT-ZIP	-			<del></del>	Change	Addition	
TITLE	#3#P		☐ DELEVE	3.1 TITLE		1				Change	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	MEICHELBECK, PAUL V			3.2 NAME								
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR			3.3 STREE	T ADDRES	SS						
CITY-ST-ZIP	NEW YORK NY 10019			3.4. CITY-S	T-ZIP					Change	Addition	
TITLE	VT		DELETE	4.1 TITLE						Change	- Auditori	
NAME	Steves, Robert J			4.2 NAME								
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLO	OOR		4.3 STREE	T ADDRES	SS		•				
CITY-ST-ZIP	NEW YORK NY 10019			4.4 CITY-S	T-ZIP					CT-01	ET A January	
TITLE	VAS		DELETE	5.1 TITLE						Change	Addition	
NAME	RUTTER, BRIAN			5.2 NAME			1					
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLO	OOR		5.3 STREE		ss	I					
CITY-ST-ZIP	NEW YORK NY 10019			5.4 CfTY-S	T-ZIP			·				
TITLE	V		DELETE	6.1 TITLE						Change	☐ Addition	
NAME	ROTHBLUM, JOYCE		<b>v</b>	6.2 NAME								
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLO	OOR		6.3 STREE	T ADDRES	ss					]	
CITY-ST-ZIP	NEW YORK NY 10019			6.4 CITY-S	T-ZIP							

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 reported or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affactment with an address, with all other life empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

(212)830-9304

(2E037 (11/98)