

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90018 037 \*\*\*150.00

**DOCUMENT # F98000001622**

1. Entity Name

TIAA REALTY, INC.



Principal Place of Business

730 THIRD AVENUE  
NEW YORK NY 10017

Mailing Address

730 THIRD AVENUE  
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3519531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	LUNK, JOSEPH W	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	SERLEN, MARK L	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, GERALD K	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARBUTT, THOMAS C	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	F	<input type="checkbox"/> Delete
NAME	ADAMSKI, RICHARD J	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	VELLEKAMP, ROGER A	
STREET ADDRESS	730 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garbutt, Thomas C.	
STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monrad, Elizabeth A	
STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chinery, Gary	
STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Leany - Director

Date

Daytime Phone #

1/05 (212) 916-4625