

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90070 025 ***150.00

DOCUMENT # F98000005408

1. Corporation Name
TSI CLEANING INC.



Principal Place of Business Mailing Address
% TISHMAN SPEYER PROPERTIES. L.P.
520 MADISON AVENUE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

13-3716801

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

National Registered Agents, Inc.

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

520 East Park Avenue

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

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

GERALDINE MIRANDO, ASST. SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MAHONEY, CHARLES J**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **NATHAN, ANDREW J**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SABER, BRUCE D**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **AUGARTEN, DAVID N**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **SPEYER, JERRY I**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TISHMAN, ROBERT**
CITY-ST-ZIP **520 MADISON AVENUE**
NEW YORK NY 10022

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 with all other like empowered.

SIGNATURE:

Bruce D. Saber
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce D. Saber, Vice President

DATE

February 10, 1999

CR2E034 (1/98)