FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99801 (9)

1. Corporation Name
TISHMAN-DOLPHIN REALTY CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVE., 36TH FLOOR NEW YORK NY 10103	% TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVE., 36TH FLOOR NEW YORK NY 10103

3. Date Incorporated or Qualified: 11/02/1967
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 13-3433141 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ 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	PC	1.1 TITLE	Pres	☑ Change ☐ Addition
NAME	VICKERS, JOHN	1.2 NAME	Vickers, John	
STREET ADDRESS	666 FIFTH AVENUE	1.3 STREET ADDRESS	666 Fifth Ave	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NY, NY. 10103	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	TISHMAN, JOHN L.	2.2 NAME		
STREET ADDRESS	666 5TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZWALDER, LARRY	3.2 NAME		
STREET ADDRESS	666 FIFTH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	KOTOUN, KATHLEEN	4.2 NAME		
STREET ADDRESS	666 FIFTH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	DSVP	5.1 TITLE	EVP	☑ Change ☐ Addition
NAME	TISHMAN, DANIEL	5.2 NAME	Tishman, Daniel	
STREET ADDRESS	84 STATE STREET	5.3 STREET ADDRESS	84 State Street	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	Boston, Mass 02109	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Larry Schwartzwalder LARRY SCHWARTZWALDER 4/11/95 212-319-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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