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

FILED Mar 05 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P00525 (6)TISHMAN SPEYER PROPERTIES, INC. Mailing Address Principal Place of Business C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE DO NOT WRITE IN THIS SPACE NEW YORK NY 10022 NEW YORK NY 10022 3. Date Incorporated or Qualified 01/09/1984 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 13-3204710 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 63 TALLAHASSEE FL 32301 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE 1.1 TITLE TITLE TISHMAN, ROBERT V. 1.2 NAME NAME **520 MADISON AVENUE** 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE **NATHAN J ANDREW** 2.2 NAME NAME **520 MADISON AVE** 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE PD 3.1 TITLE SPEYER, JERRY I. NAME 3.2 NAME **520 MADISON AVE** STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NATHAN, ANDREW 4.2 NAME NAME **520 MADISON AVE** 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE AUGARTEN, DAVID NAME 5.2 NAME **520 MADISON AVE** 5.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 5.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this ling 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 anyuar 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 precise of 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 op any Alachright with an address. Block 12 or Block 13 if changed, or op a 2 /20/18/20/2020/175

STREET ADORESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP