

**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

99 FEB 16 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00525**  
1. Corporation Name  
**TISHMAN SPEYER PROPERTIES, INC.**



Principal Place of Business  
**C/O TISHMAN SPEYER PROPERTIES  
520 MADISON AVENUE  
NEW YORK NY 10022**

Mailing Address  
**C/O TISHMAN SPEYER PROPERTIES  
520 MADISON AVENUE  
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**01/09/1984**
- 4. FEI Number  
**13-3204710** 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
- 10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

**9. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Receiver Agent Signature required when Block 12 or 13 is changed)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TISHMAN, ROBERT V.	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NATHAN J ANDREW	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEYER, JERRY I.	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NATHAN, ANDREW	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUGARTEN, DAVID	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VS Bruce D. Saber</b>
23 STREET ADDRESS	<b>520 Madison Avenue</b>
24 CITY-ST-ZIP	<b>New York, New York 10022</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

7000002780547-7  
-02/19/99-01070-022  
\*\*\*\*150.00 \*\*\*\*150.00  
 Change  Addition

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

(212) 593-9480  
Toll-Free Phone #

0004920

CR2E034 (11/98)