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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P00525
4. Corneration Name	1 00020

TISHMA	n speyer properties, ii	NC.		TAN AM (S	796, PLORIDA
4				1 184 1188 111 8 114 8 116 1 8 14 1 8 14 1 14 1	
Principal Plac	or of Divisions	Malling Address	 .		
l '-		Mailing Address			
C/O TISHMAN SPEYER PROPERTIES C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE 520 MADISON AVENUE		1			
NEW YORK NY 10022		NEW YORK NY 10022		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/09/1984	
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		13-3204710	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	[25]	- F	30	 This corporation owes the current year to Personal Property Tax. 	ntangible []Yes []No
<u> </u>	9. Name and Address of Currer	• • •	[30]	10. Name and Address of New Registered	
			81 Name	10.	
NRA	I SERVICES, INC.				
526	EAST PARK AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32301		83		
			1		17 7 = 2 33 3 3 3
			84 City	F!	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose on's board of directors. Thereby accept the appo	of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was au itions of Section 607 0505, Flor	ithorized by the corporation	in's board of directors. I hereby accept the appo	pintment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age		Registere l'Apect segent de requies	When revisitings DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CD	[1 DELETE	11111.6		[Change
NAME	TISHMAN, ROBERT V.		1.2 NAME		
STREET ADDRESS	520 MADISON AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	DELETE	14 CUT - ST-ZIF	,	Change Add tion
NAME	S NATUAN LANDDON	N theeline		uce D. Saber	Change (Astron
	NATHAN J ANDREW		27 NOVI	D MADISON AVENUE	•
STREET ADDRESS	520 MADISON AVE				^
CITY-ST-ZIP	NEW YORK NY PD	[DELETE	2 4 C/TY+\$1-Z/P	w York, Dew York 1002	[Change [Addition
NAME	SPEYER, JERRY I.	i j byte / i	3.2 NAME		
STREET ADORESS	520 MADISON AVE		33 STREET ADORESS	रततत्त्रहरू	提得了一下了。
CITY-ST-ZiP	NEW YORK NY		34 CITY-\$1-ZIP	-02/19/99	
TITLE	V	[] DELETE	4 I TITLE	李本本来。 	本本本本語
NAME	NATHAN, ANDREW		4 2 NAME		
STREET ADDRESS	520 MADISON AVE		43 STREET ADDRESS		
Crty-ST-ZIP	NEW YORK NY		4.4 CITY+S1-7IF		
TITLE	T	[] DELETE	51 TIPLE		[Change
NAME	AUGARTEN, DAVID		5.2 NAME		
STREET ADDRESS	520 MADISON AVE		53 STREET ADORESS		
City-St-ZiP	NEW YORK NY		54 CITY ST-7IF		
TITLE		[] DELETE	6 1 TIFLE		[] Change [] Addition
MARKE			6.2 NAME		\sqrt{V} $\sqrt{\lambda}$

14. Thereby 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.

64 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 593-948D