

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90203 017 \*\*\*150.00

**DOCUMENT #** P00525 ✓  
**1. Entity Name**  
Tishman Speyer Properties, Inc.

**DO NOT WRITE IN THIS SPACE**

**B0058334**

<b>2. Principal Place of Business</b> <u>520 MADISON AVENUE</u> Suite, Apt. #, etc. <u>6<sup>th</sup> Floor</u> City & State <u>New York, N.Y.</u> Zip <u>10022</u> Country <u>New York</u>		<b>3. Mailing Address</b> <u>520 MADISON AVENUE</u> Suite, Apt. #, etc. <u>6<sup>th</sup> Floor</u> City & State <u>New York, N.Y.</u> Zip <u>10022</u> Country <u>NEW YORK</u>	
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <u>13-3204710</u>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name National Registered Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. Park Avenue  
City Tallahassee FL Zip Code 32301

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10.** Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / Chairman</u> <u>Jerry I. Speyer</u> <u>520 MADISON AVENUE</u> <u>NEW YORK, N.Y. 10022</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT / SECRETARY</u> <u>ANDREW J. NATHAN</u> <u>520 MADISON AVENUE</u> <u>NEW YORK, N.Y. 10022</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT / TREASURER</u> <u>PAUL A. GALIANO</u> <u>520 MADISON AVENUE</u> <u>NEW YORK, N.Y. 10022</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>GARY W. ROTH</u> <u>520 MADISON AVENUE</u> <u>NEW YORK, N.Y. 10022</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Senior MANAGING DIRECTOR</u> <u>Robert J. Speyer</u> <u>520 MADISON AVENUE</u> <u>NEW YORK, N.Y. 10022</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**13.** 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 report or supplemental 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 60, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Nathan  
**Vice President**

3/27/02 212-593-9480  
Date Daytime Phone #

CR2E034B (12/01)