

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

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90012 047 \*\*\*300.00

DOCUMENT # P03143

1. Corporation Name  
GP REAL ESTATE SERVICES II INC.

Principal Place of Business  
3 WORLD FINANCIAL CENTER  
29TH FLOOR  
NEW YORK NY 10285

Mailing Address  
FIRST DATA INVESTOR SERVICES GROUP  
P.O. BOX 1527  
BOSTON MA 02104  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1984

4. FEI Number

04-2711654

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HELLMAN, ROBERT  
STREET ADDRESS 3 WORLD FINANCIAL CENTER 29TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10285

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME BRAVER, MOSHE  
STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29TH FLOOR  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VD  
2.3 STREET ADDRESS DOREEN D. O'DELL  
2.4 CITY-ST-ZIP 3 WORLD FINANCIAL CENTER  
NEW YORK, NY 10285

TITLE V ☒ DELETE  
NAME BERKOWITZ, JOAN  
STREET ADDRESS 3 WORLD FINANCIAL CENTER 29TH FLOOR  
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME AS  
3.3 STREET ADDRESS EILEEN M. BANNON  
3.4 CITY-ST-ZIP 3 WORLD FINANCIAL CENTER  
NEW YORK, NY 10285

TITLE T ☐ DELETE  
NAME SILVERMAN, MARC  
STREET ADDRESS 3 WORLD FINANCIAL CENTER - 29TH FLOOR  
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP NY, 10285

TITLE S ☒ DELETE  
NAME MANSON, KAREN  
STREET ADDRESS 3 WORLD FINANCIAL CENTER-29TH FLOOR  
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME 5  
5.3 STREET ADDRESS JENNIFER MARRE  
5.4 CITY-ST-ZIP 3 WORLD FINANCIAL CENTER  
NEW YORK, NY 10285

TITLE AT ☒ DELETE  
NAME GRIESINGER, CYNTHIA  
STREET ADDRESS LPA 53 STATE ST  
CITY-ST-ZIP BOSTON MA 02109

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME AT  
6.3 STREET ADDRESS KATHRYN M. BOPP FLYNN  
6.4 CITY-ST-ZIP 101 HUDSON STREET  
JERSEY CITY, NJ 07302

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:

EILEEN M. BANNON  
ASSISTANT  
SECRETARY

04/20/99 (212) 526-2327  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN M. BANNON

CR2E034 (1/198)