FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:00

DOCUMENT # **P03815** **(8)**

1. Corporation Name

DEAN WITTER REALTY INCOME PROPERTIES I, INC.

Principal Place of Business	Mailing Address
% DEAN WITTER REYNOLDS INC. 101 CALIFORNIA ST. SAN FRANCISCO CA 94111	% DEAN WITTER REYNOLDS INC. 101 CALIFORNIA ST. SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/24/1984	03/14/1994

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

4. FEI Number **13-3174556** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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 reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	11 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, RAYMOND F.	12 NAME	
STREET ADDRESS	429 WELLESLEY AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MAEGLIN, STEVEN R	22 NAME	
STREET ADDRESS	333 CENTRAL PARK WEST, APT. 16A	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, ROBERT B	32 NAME	
STREET ADDRESS	17 MANITOU CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DIPIETRO, RONALD J.	42 NAME	
STREET ADDRESS	29 - 91ST ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	44 CITY ST ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM B.	52 NAME	
STREET ADDRESS	423 HILLSIDE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	HARDMAN, E D	62 NAME	
STREET ADDRESS	3 LODER ST	63 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Raymond F. Douglas **Raymond F. Douglas Assistant Treasurer 3/29/95 (415) 693-6628**

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #