

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

1995 APR 12 AM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 034140**

1. Corporation Name

**Tishman Speyer Holdings, Inc.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**520 Madison Avenue  
6th Floor  
NY, NY 10022**

Mailing Address  
**c/o Tishman Speyer Properties  
520 Madison Avenue  
6th Floor  
NY, NY 10022**

3. Date Incorporated or Qualified <b>5/30/1991</b>	3a. Date of Last Report <b>7/26/1994</b>
4. FEI Number <b>13-3587751</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**The Prentice Hall Corporation System Inc.  
1201 Hays Street  
Suite 105  
Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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

TITLE	<b>P/D</b>
NAME	<b>Speyer, Jerry I.</b>
STREET ADDRESS	<b>520 Madison Avenue</b>
CITY - ST - ZIP	<b>New York, NY 10022</b>
TITLE	<b>V/D</b>
NAME	<b>Nathan, Andrew J.</b>
STREET ADDRESS	<b>520 Madison Avenue</b>
CITY - ST - ZIP	<b>New York, NY 10022</b>
TITLE	<b>S/D</b>
NAME	<b>Roth, Gary W.</b>
STREET ADDRESS	<b>520 Madison Avenue</b>
CITY - ST - ZIP	<b>New York, NY 10022</b>
TITLE	<b>T</b>
NAME	<b>Augarten, David</b>
STREET ADDRESS	<b>520 Madison Avenue</b>
CITY - ST - ZIP	<b>New York, NY 10022</b>
TITLE	<b>C/D</b>
NAME	<b>Tishman, Robert V.</b>
STREET ADDRESS	<b>520 Madison Avenue</b>
CITY - ST - ZIP	<b>New York, NY 10022</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>300001455963</b>
2.1 TITLE	<b>-04/13/95--01068--013</b>
2.2 NAME	<b>***200.00 ***200.00</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TA</b>
6.3 STREET ADDRESS	<b>4/12/95</b>
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated by 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE: David Augarten **David Augarten, Treasurer** Date 3/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR