

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34140** (4)
1. Corporation Name
TISHMAN SPEYER HOLDINGS, INC.



Principal Place of Business: **520 MADISON AVENUE NEW YORK NY 10022**
Mailing Address: **520 MADISON AVENUE NEW YORK NY 10022**

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

3. Date incorporated in Country: **05/30/1991**
4. FEIN Number: **13-3587751**
5. Certificate of State Delivered:
6. Election Campaign Financing Trust Fund Contribution:
7. Principal officer's liability for obligations under S. 119.037, Florida Statutes: Y N
3a. Date of Last Report: **04/12/1995**
Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (C. Box Number, N. & Apt. #, etc.)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Section 119.037(1)(a) of the Florida Statutes, I, the undersigned, do hereby certify that I am a resident of the State of Florida and I am familiar with and accept the obligations of Section 119.037(2), Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	TITLE	111011	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPEYER, JERRY I.	NAME	121001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	520 MADISON AVE.	STREET ADDRESS	131001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP	NEW YORK NY	CITY-STATE-ZIP	141001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	SD	TITLE	211001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, GARY W.	NAME	221001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	520 MADISON AVE.	STREET ADDRESS	231001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP	NEW YORK NY	CITY-STATE-ZIP	241001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	CD	TITLE	311001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TISHMAN, ROBERT V.	NAME	321001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	520 MADISON AVE.	STREET ADDRESS	331001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP	NEW YORK NY	CITY-STATE-ZIP	341001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	TITLE	411001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NATHAN, ANDREW J	NAME	421001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	520 MADISON AVE	STREET ADDRESS	431001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP	NEW YORK NY	CITY-STATE-ZIP	441001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	T	TITLE	511001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUGARTEN, DAVID	NAME	521001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	520 MADISON AVE	STREET ADDRESS	531001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP	NEW YORK NY	CITY-STATE-ZIP	541001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		TITLE	611001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME	621001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	631001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP	641001	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation and that my name appears in Block 12 or Block 13 if changed, or on a new Block 13 if added.

SIGNATURE: *Andrew J. Nathan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew J. Nathan, VP

3-27-96
(212) 715-0300

CR2E034 (12/95)