

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**


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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APR 15 1999  
 90 FEB 16 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P34140**  
 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	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 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 new filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[ ] Change [ ] Addition
NAME	SPEYER, JERRY I.	12 NAME	
STREET ADDRESS	520 MADISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	[ ] Change [X] Addition
NAME	NATHAN J ANDREW	22 NAME	
STREET ADDRESS	520 MADISON AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	[ ] Change [ ] Addition
NAME	TISHMAN, ROBERT V.	32 NAME	
STREET ADDRESS	520 MADISON AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	[ ] Change [ ] Addition
NAME	NATHAN, ANDREW J	42 NAME	
STREET ADDRESS	520 MADISON AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	[ ] Change [ ] Addition
NAME	AUGARTEN, DAVID	52 NAME	
STREET ADDRESS	520 MADISON AVE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

VS  
**Bruce D. Saber**  
**520 MADISON Avenue**  
**New York, New York 10022**

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 -02/19/99--01070--023  
 \*\*\*\*150.00 \*\*\*\*150.00

18-09

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:  **Bruce D. Saber**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 693-9480  
 D/Time Phone #

CR2E034 (11/98)