

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

000948

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 **30**

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 is required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEYER, JERRY I.	
STREET ADDRESS	520 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NATHAN J ANDREW	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TISHMAN, ROBERT V.	
STREET ADDRESS	520 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NATHAN, ANDREW J	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	T	<input type="checkbox"/> DELETE
NAME	AUGARTEN, DAVID	
STREET ADDRESS	520 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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

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-02/19/99-010701-023
******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
Date: Daytime Phone #

CR2E034 (11/98)