FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 03, 2001 8:00 am DOCUMENT # Secretary of State Tishman Speyer Holdings, Inc 05-03-2001 91165 002 ***158.75 Malling Address Principal Place of Business rn059047 2. Principal Place of Business Mailing Address 520 HADISON AVENUE <u>520 MADISON AVENU</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired York Fee Required りつり 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CALED CONTROL OF THE PARTY OF T 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees was enteral expendition of the control of the contr (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE Jerry 1. Speyer 520 maoison Avenue MALE NAME STREET APPEARS. STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP 10023 **Change** ☐ Addition Deiete me TITLE MATHAN, ANDREW 520MAOISON AVENUE NAME NAME SAREL, Bruce STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE Tishman, Robert V NAME NAME 520 MADISON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-70 1002 Mohange TITLE ☐ Addition TITLE MA GALIAND NAME NAME Andrew J. Nathan 20 MADISON AUC. STREET ADDRESS 520 MADISON -AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ew 40 ck ewyork. **Z**Cpange ☐ Addition TITLE TITLE NAME NAME Augurde STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY_ST_719 10029 ☐ Delete TITLE TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered ndrew J. Nathan Vice President SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR