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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35870** (5)

1. Corporation Name

SFERS REALTY CORPORATION V

Principal Place of Business

**1 CALIFORNIA STREET
SUITE 1400
SAN FRANCISCO CA 94111-5415
US**

Mailing Address

**1 CALIFORNIA STREET
SUITE 1400
SAN FRANCISCO CA 94111-5415
US**



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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/09/1991	04/09/1996
4. FEI Number	Applied For
94-3140254	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BENNETT, W. VERNON, JR.
STREET ADDRESS	1 CALIFORNIA STREET, STE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	DPCE <input checked="" type="checkbox"/> DELETE
NAME	FIDAMAN, ROBERT A.
STREET ADDRESS	1 CALIFORNIA STREET, SUITE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	EVD <input type="checkbox"/> DELETE
NAME	ZUZACK, RONALD E.
STREET ADDRESS	1 CALIFORNIA STREET, STE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	EVSG <input type="checkbox"/> DELETE
NAME	HOWERTON, HERMAN H.
STREET ADDRESS	1 CALIFORNIA STREET, STE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	EVCF <input checked="" type="checkbox"/> DELETE
NAME	GIUSTI, MARGOT M.
STREET ADDRESS	1 CALIFORNIA STREET, SUITE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	EV <input checked="" type="checkbox"/> DELETE
NAME	HOFFMANN, MICHAEL J
STREET ADDRESS	1 CALIFORNIA STREET, STE 1400
CITY-STATE-ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DCCFOT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Finelli, William A.
1.3 STREET ADDRESS	One North Broadway, Suite 500
1.4 CITY-STATE-ZIP	White Plains, NY
2.1 TITLE	AVPACAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chapro, Karen K.
2.3 STREET ADDRESS	One North Broadway, Suite 500
2.4 CITY-STATE-ZIP	White Plains, NY 10601
3.1 TITLE	DPCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	VPSGC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maxwell, Robert D.
5.3 STREET ADDRESS	One California Street, Suite 1400
5.4 CITY-STATE-ZIP	San Francisco, CA 94111
6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tully, Patrick J.
6.3 STREET ADDRESS	One North Broadway, Suite 500
6.4 CITY-STATE-ZIP	White Plains, NY 10601

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
General Counsel & Secretary

4/28/97

415/678-2000

Date: _____ Daytime Phone # _____

CR2E034 (9/96)