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May 07, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38998

1. Corporation Name

CAREY CORPORATE PROPERTY, INC.

Principal Place of Business

50 ROCKEFELLER PLAZA  
SECOND FLOOR  
NEW YORK NY 10020  
US

Mailing Address

50 ROCKEFELLER PLAZA  
SECOND FLOOR  
NEW YORK NY 10020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

13-3121600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAREY, WILLIAM P.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, FRANCIS J.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STODDARD, GEORGE E.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BARCLAY G.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, LAWRENCE R., DR.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	TERMINE, DAVID G	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SENIOR VP NATIONAL MARKETING DIRECTOR - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. AUGUSTUS CAREY	
1.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
1.4 CITY-ST-ZIP	NEW YORK, NY 10020	

2.1 TITLE	EXECUTIVE VP - MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GORDON F. DuGan	
2.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
2.4 CITY-ST-ZIP	NEW YORK, NY 10020	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

DAVID G. TERMINE, VP

Date

Daytime Phone #

CR2E034 (11/98)