

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004720

Entity Name: CORNERSTONE REAL ESTATE ADVISERS LLC

Current Principal Place of Business:

ONE FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103-2604

Current Mailing Address:

ONE FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103-2604

FEI Number: 55-0878489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

FILED
Apr 26, 2016
Secretary of State
CC5191095850

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title D
Name BROWN, SCOTT D.
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name FINKE, THOMAS M.
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name CORBETT, M. TIMOTHY
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name CRANDALL, ROGER W.
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title MGR
Name ROLLINGS, MICHAEL T
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name THOMPSON, PAUL
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name WARD, ELIZABETH
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

Title D
Name GLAVIN, JR., WILLIAM F.
Address ONE FINANCIAL PLAZA, SUITE 1700
City-State-Zip: HARTFORD CT 06103-2604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D. BROWN

DIRECTOR

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date