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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836095

(0)

IRE CORPORATION

(,

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



% KOLL REAL ESTATE GROUP. INC. 4343 VON KARMAN AVENUE % KOLL REAL ESTATE GROUP, INC. 4343 YON KARMAN AVENUE **NEWPORT BEACH CA 92660** NEWPORT BEACH CA 92660 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1976 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 35-0912947 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zω Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 Name 110 NORTH MAGNOLIA STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 (NOTE Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change WIRTA, RAYMOND E NAME 1.2 NAME 4343 VON KARMAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEWPORT BEACH CA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DILETE Change TITLE 2.1 TITLE __ Addition ORTWEIN, RICHARD M 2.2 NAME HAME 4343 VON KARMAN AVENUE STREET ADDRESS 23 STREET ADDRESS NEWPORT BEACH CA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PACINI, RAYMOND J NAME 3.2 NAME 4343 VON KARMAN AVENUE STREET ADDRESS 3.3 STREET ADDRESS **NEWPORT BEACH CA 92660** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition SCIUTTO, SANDRA G NAME 4 2 NAME 4343 VON KARMAN AVENUE STREET ADDRESS 4.3 STREET ADDRESS **NEWPORT BEACH CA 92660** CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE **RUSH. CHRISTINE** NAME 5.2 NAME 4343 VON KARMAN AVENUE STREET ADDRESS 5.3 STREET ADDRESS **NEWPORT BEACH CA 92660** 5.4 CITY-S1-ZIP CITY-ST-ZIP ■ DELETE Change ■ Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under ooth; 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, Mon an attachment with an address.