

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004156 (4)

1. Corporation Name

TRAMMELL CROW CORPORATE SERVICES, INC.



Principal Place of Business

Mailing Address

695 EAST MAIN STREET, SUITE 405
STAMFORD CT 06901

695 EAST MAIN STREET, SUITE 405
STAMFORD CT 06901

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc:

26 2001 Ross Avenue

22 City & State

27 Suite 3500

23 Zip

Country

28 Dallas, TX

29 Zip

Country

75201

30 Dallas

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/29/1995

4. FEI Number

Applied For

75-2378868

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 has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301

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 of Registered Agent (If changed, must be typed)

Signature of Registered Agent (If changed, must be typed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
CONCANNON, WILLIAM F
695 EAST MAIN ST., STE. 405
STAMFORD CT 06901

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
T
Degroat, Sean E.
695 East Main St., Ste. 405
Stamford, CT 06901

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
DECKER, MICHAEL B
2001 ROSS AVE., 3500 TRAMMELL CROW CENTER
DALLAS TX 75201

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
DV
Asuka Nakahara
2001 Ross Ave., Suite 3500
Dallas, TX 75201

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
GROENTEMAN, S.T.
2001 ROSS AVE., 3200 TRAMMELL CROW CENTER
DALLAS TX 75201

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
S
Oaks, Deborah A.
2001 Ross Ave., Ste. 3500
Dallas, TX 75201

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
CARREKER, JAMES D
2001 ROSS AVE., 3500 TRAMMELL CROW CENTER
DALLAS TX 75201

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
DV
George L. Lippe
2001 Ross Ave., Suite 3500
Dallas, TX 75201

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
GALVIN, RICHARD A
695 EAST MAIN ST., STE. 405
STAMFORD CT 06901

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
V
J. McDonald Williams
2001 Ross Ave., Ste. 3500
Dallas, TX 75201

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
MOSIS, DIRK P III
601 JEFFERSON, STE. 2506
HOUSTON TX 77002

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
V
McKinzey, Laurie A.
303 W. Madison, Ste. 1350
Chicago, IL 60606

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is based 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 in changed or new addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A. Oaks, Secretary

7/3/96

(214) 863-3052

CR2E034 (3/96)