

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003058**

1. Entity Name

MARCUS & MILLICHAP REAL ESTATE INVESTMENT  
BROKERAGE COMPANY



Principal Place of Business

2626 HANOVER STREET  
PALO ALTO, CA 94304

Mailing Address

2626 HANOVER STREET  
ATTN: LEGAL DEPARTMENT  
PALO ALTO, CA 94304



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

94-2372547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREEN, HARVEY  
STREET ADDRESS 16830 VENTURA BLVD., #352  
CITY-ST-ZIP ENCINO, CA 91436

TITLE CD  
NAME MARCUS, GEORGE M  
STREET ADDRESS 2626 HANOVER STREET  
CITY-ST-ZIP PALO ALTO, CA 94304

TITLE VS  
NAME MUDRICH, PAUL S  
STREET ADDRESS 2626 HANOVER STREET  
CITY-ST-ZIP PALO ALTO, CA 94304

TITLE VASD  
NAME LORENZ, DONALD A  
STREET ADDRESS 2626 HANOVER STREET  
CITY-ST-ZIP PALO ALTO, CA 94304

TITLE VTD  
NAME KAISER, STUART E  
STREET ADDRESS 16830 VENTURA BLVD., #352  
CITY-ST-ZIP ENCINO, CA 91436

TITLE CD  
NAME MILLICHAP, WILLIAM A  
STREET ADDRESS 2626 HANOVER STREET  
CITY-ST-ZIP PALO ALTO, CA 94304

U00000140551  
04/29/04-80162-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-4

Date

650/494-8900

Daytime Phone #