

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 474857

Entity Name: COLLIERS INTERNATIONAL NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**76 S. LAURA STREET
SUITE 1500
JACKSONVILLE, FL 32202**Current Mailing Address:**76 S. LAURA STREET
SUITE 1500
JACKSONVILLE, FL 32202 US**FEI Number: 59-1593572****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	VP
Name	DIEBEL, CHARLES R
Address	76 S. LAURA STREET SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIR
Name	TAYLOR, DYLAN E.
Address	601 UNION STREET, SUITE 3320
City-State-Zip:	SEATTLE WA 98101

Title	ASSISTANT SECRETARY
Name	SCHWAB, GEORGE L IV
Address	666 FIFTH AVENUE
City-State-Zip:	NEW YORK NY 10103

Title	VP, QUALIFYING BROKER
Name	OLDENBURG, ANDREW CHRISTIAN
Address	76 S. LAURA STREET SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIR
Name	SPIEGEL, DANIEL L.
Address	6250 N. RIVER RD, STE 11-100
City-State-Zip:	ROSEMONT IL 60018

Title	DIR
Name	BOROK, GIL
Address	16830 VENTURA BOULEVARD, SUITE J
City-State-Zip:	ENCINO CA 91436

Title	ASSISTANT TREASURER, SECRETARY
Name	HAWKINS, MATTHEW
Address	1140 BAY STREET SUITE 4000
City-State-Zip:	TORONTO M5S 2B4

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW HAWKINS**SECRETARY****12/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date