

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 474857

**Entity Name:** COLLIERS INTERNATIONAL NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**50 N LAURA STREET  
SUITE 1725  
JACKSONVILLE, FL 32202**Current Mailing Address:**50 N LAURA STREET  
SUITE 1725  
JACKSONVILLE, FL 32202 US**FEI Number:** 59-1593572**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SELTON, ROBERT W III  
50 N LAURA STREET  
SUITE 1725  
JACKSONVILLE, FL 32202 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	CEO
Name	SELTON, ROBERT W III
Address	50 N LAURA STREET SUITE 1725
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	JOOST, HOBART JR.
Address	50 N LAURA STREET SUITE 1725
City-State-Zip:	JACKSONVILLE FL 32202

Title	COO
Name	DIEBEL, CHARLES R
Address	50 N LAURA STREET SUITE 1725
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	STACK, JOHN P
Address	50 N LAURA STREET SUITE 1725
City-State-Zip:	JACKSONVILLE FL 32202

*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:** ROBERT W. SELTON, III

CEO

03/06/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date