

**2016 FLORIDA PROFIT CORPORATION AMENDED 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:** No**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, T  
Name SELTON, ROBERT W III  
Address 50 N LAURA STREET  
SUITE 1725  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title VP  
Name ENTRIEN, MATTHEW  
Address 50 N LAURA STREET  
SUITE 1725  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name PRESTON, GUY  
Address 50 N LAURA STREET, STE 1725  
City-State-Zip: JACKSONVILLE FL 32201

Title VP  
Name PHILLIPS, PRESTON  
Address 50 N LAURA STREET, STE 1725  
City-State-Zip: JACKSONVILLE FL 32201

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

Title DIR  
Name TAYLOR, DYLAN E.  
Address 601 UNION STREET, SUITE 4800  
City-State-Zip: SEATTLE WA 98101

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*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:** CHARLES R. DIEBEL**SECRETARY****05/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIR
Name	HARBERT, JOSEPH
Address	666 FIFTH AVENUE, 4TH FLOOR
City-State-Zip:	NEW YORK NY 10103