

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002200

**Entity Name:** COLLIERS INTERNATIONAL WA, LLC**Current Principal Place of Business:**601 UNION STREET, SUITE 3320  
SEATTLE, WA 98101**Current Mailing Address:**601 UNION STREET, SUITE 3320  
SEATTLE, WA 98101 US**FEI Number:** 32-0356630**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

**Authorized Person(s) Detail :**

Title MGR  
Name SPIEGEL, DANIEL L  
Address 6250 N. RIVER ROAD, SUITE 11-100  
City-State-Zip: ROSEMONT IL 60018

Title VP  
Name NELSON, SCOTT  
Address 601 UNION STREET, SUITE 3320  
City-State-Zip: SEATTLE WA 98101

Title T  
Name HEMMING, ROBERT  
Address 200 GRANVILLE STREET  
19TH FLOOR  
City-State-Zip: VANCOUVER BRITISH COLUMBIA  
V6C 2R6

Title ASSISTANT SECRETARY  
Name MAYER, CHRISTIAN  
Address 1140 BAY STREET, SUITE 4000  
City-State-Zip: TORONTO ON M5S 2B4

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

Title ASSISTANT SECRETARY  
Name WEINBERGER, KIERSTEN  
Address 601 UNION STREET, SUITE 3320  
City-State-Zip: SEATTLE WA 98101

Title VP, MANAGING DIRECTOR  
Name CONDON, WILLIAM  
Address 601 UNION STREET, SUITE 3320  
City-State-Zip: SEATTLE WA 98101

Title ASSISTANT TREASURER  
Name FRIEDRICHSEN, JOHN B  
Address 1140 BAY STREET, SUITE 4000  
City-State-Zip: TORONTO ON M5S 2B4

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DYLAN E TAYLOR**MANAGER****04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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