

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002200

Entity Name: COLLIERS INTERNATIONAL WA, LLC**Current Principal Place of Business:**601 UNION STREET, SUITE 4800
SEATTLE, WA 98101**Current Mailing Address:**601 UNION STREET, SUITE 4800
SEATTLE, WA 98101**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 COOMBS, SCOTT
Address 601 UNION ST., STE 4800
City-State-Zip: SEATTLE WA 98101

Title S, GENERAL COUNSEL
Name BAEHR, ALEXANDER A
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101

Title AS
Name ABELLS, JOSH
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101

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

Title VP
Name NELSON, SCOTT
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101

Title T
Name HUMPHRIES, PETER
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101

Title AT
Name ARNETTE, MICHAEL
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL L SPIEGEL**MANAGER****04/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CHAIRPERSON
Name FRYE, DOUGLAS P
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101

Title MANAGING DIRECTOR
Name CONDON, WILLIAM
Address 601 UNION STREET, SUITE 4800
City-State-Zip: SEATTLE WA 98101