

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000006927

Entity Name: COLLIERS INTERNATIONAL REMS US, LLC

Current Principal Place of Business:

1110 NORTH GLEBE ROAD, SUITE 610
ARLINGTON, VA 22201

Current Mailing Address:

601 UNION STREET, SUITE 3320
SEATTLE, WA 98101

FEI Number: 99-0365128

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 WHITT, KAREN
Address 1110 NORTH GLEBE ROAD, SUITE 610
City-State-Zip: ARLINGTON VA 22201

Title MGR
Name SCARCELLI, ANGELINA
Address 3960 HOWARD HUGHES PKWY #150
City-State-Zip: LAS VEGAS NV 89169

Title MGR., VP
Name RUDE, KEVIN
Address 3 PARK PLAZA, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title MANAGER
Name EVERBACH, STEVE
Address PARK SEVENTEEN, 1717 MCKINNEY AVENUE, SUITE 900
City-State-Zip: DALLAS TX 75202

Title MANAGER
Name SHAW, LAWRENCE M JR.
Address 301 SOUTH COLLEGE STREET, SUITE 3350
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name ALLISON, TIMOTHY
Address 1021 EAST CARY STREET , SUITE 1825
City-State-Zip: RICHMOND VA 23219

Title ASST. SEC.
Name CLARKE, TAMARA
Address 301 UNIVERSITY AVENUE SUITE 100
City-State-Zip: SACRAMENTO CA 95825

Title SEC.
Name HAWKINS, MATTHEW
Address 1255 BAY STREET, SUITE 600
City-State-Zip: TORONTO ON M5R2A9

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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: KAREN WHITT

MANAGER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name JOHNSON, LYNN
Address 1110 NORTH GLEBE ROAD, SUITE 610
City-State-Zip: ARLINGTON CA 95825

Title ASST. SECRETARY
Name SCHWAB, GEORGE L. IV
Address 666 FIFTH AVENUE, 4TH FLOOR
City-State-Zip: NEW YORK NY 10103

Title DIRECTOR - FLORIDA
Name SCOTT, JOHN K.
Address 4830 WEST KENNEDY BLVD., SUITE 300
City-State-Zip: TAMPA FL 33609