

**2022 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., VP  
Name RUDE, KEVIN  
Address 3 PARK PLAZA, SUITE 1200  
City-State-Zip: IRVINE CA 92614

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

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

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

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

Title SEC.  
Name HAWKINS, MATTHEW  
Address 1140 BAY STREET, SUITE 4000  
City-State-Zip: TORONTO ON M5S 2Z4

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

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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**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

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

Title           MANAGER  
Name           BRACEWELL, JOEL  
Address        1233 W LOOP S #900  
City-State-Zip: HOUSTON TX 77027