

2024 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 5300
SEATTLE, WA 98101 US**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 MANAGER
Name WHITT, KAREN
Address 1110 NORTH GLEBE ROAD, SUITE 610
City-State-Zip: ARLINGTON VA 22201

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

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 1114 SIXTH AVENUE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title MANAGER
Name SCARCELLI, ANGELINA
Address 6795 AGILYSYS WAY, SUITE 210
City-State-Zip: LAS VEGAS NV 89113

Title VP
Name ALLISON, TIMOTHY
Address 4841 OLD MAIN STREET
City-State-Zip: RICHMOND VA 23231

Title TREASURER
Name JOHNSON, LYNN
Address 1110 NORTH GLEBE ROAD, SUITE 610
City-State-Zip: ARLINGTON VA 22201

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

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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

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title MANAGER
Name SHAPIRO, STEPHEN
Address 1114 SIXTH AVENUE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title MANAGER
Name JOHNSON, BRYAN T.
Address 300 W. SUMMIT AVE, STE 200
City-State-Zip: CHARLOTTE NC 28203