

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000074

**Entity Name:** AVISON YOUNG (USA) INC.**Current Principal Place of Business:**1 SOUTH WACKER DRIVE  
SUITE 3000  
CHICAGO, IL 60606**Current Mailing Address:**1 SOUTH WACKER DRIVE  
SUITE 3000  
CHICAGO, IL 60606 US**FEI Number:** 26-4204707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title DIRECTOR  
Name ROSE, MARK  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name DILS, STEVE  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title CFO  
Name MORANDE, TOM  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name BATTIST, CHRISTINE  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title CFO  
Name BATTIST, CHRISTINE  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name THAKAR, HIREN  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT  
Name BUENO, JUAN  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name WHITE, NICOLE  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN BURCZYK**ASSISTANT SECRETARY** 04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name SLAUGHTER, ROBERT  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY  
Name KOMPERDA, KAROLINA  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY  
Name KARAM, PETER  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY  
Name BURCZYK, JOHN  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name BUENO, JUAN  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY  
Name LYVERS, MICHAEL  
Address 1 SOUTH WACKER DRIVE  
SUITE 3000  
City-State-Zip: CHICAGO IL 60606