

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 825369

1. Entity Name
CUSHMAN & WAKEFIELD, INC.



Principal Place of Business
**51 W 52ND ST
8TH FL
NEW YORK, NY 10019 US**

Mailing Address
**1350 AVE OF THE AMERICANS
7TH FLOOR TAX DEPT
NEW YORK, NY 10019 US**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2625361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	GOLDSTEIN, KENNETH R
STREET ADDRESS	51 WEST 52ND STREET
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	CAT
NAME	FLOOD, MICHAEL G
STREET ADDRESS	51 WEST 52ND STREET
CITY-ST-ZIP	NEW YORK, NY 100196178
TITLE	P
NAME	BRUCE, MOSLAR
STREET ADDRESS	51 W 52ND ST
CITY-ST-ZIP	NEW YORK, NY 100196178
TITLE	T
NAME	CLERKIN, FRANCIS
STREET ADDRESS	1350 AVE OF THE AMERICANS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

212-713-6913

Daytime Phone *