2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848701

Entity Name: GRUBB & ELLIS COMPANY

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
500 WEST SUITE 2800 CHICAGO,)	JS		SUITE 200	H TUSTIN AVE A, CA 92705	US
Current Mailing Address:				New Mailing Address:		
SUIRE 2800			1551 NORTH TUSTIN AVE SUITE 200 SANTA ANA, CA 92705 US			
FEI Number:	94-1424307	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () C	ertificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of Nev	w Registered Agent:
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE - SUITE 4 WESTON, FL 33331 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.						
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent	t			Date
Election Cam		(2)(b), F.S., the corporation did not r Trust Fund Contribution(). 「ORS:	eceive tl	-		O OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () ANACKER, D 250 CANAL BLV RICHMOND, CA			Title: Name: Address: City-St-Zip:	KOJAIAN, MICHAE	VARD AVE., SUITE 250
Title: Name: Address: City-St-Zip:	PEHLKE, RICHA	IROE, SUITE 2800		Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	ANTONE, ANTHO	DARD DRIVE, SUITE 250		Title: Name: Address: City-St-Zip:	D (X) C CARPENTER, GLE 1551 N. TUSTIN A SANTA ANA, CA	VE, SUITE 200
Title: Name: Address: City-St-Zip:	FENTON, JAMES	IORE, SUITE 2800		Title: Name: Address: City-St-Zip:	() CI	nange ()Addition
Title: Name: Address: City-St-Zip:	KOJAIAN, MICH	DARD DRIVE, SUITE 250		Title: Name: Address: City-St-Zip:	PETERS, SCOTT	hange()Addition TIN AVE., SUITE 300 02705
Title: Name: Address: City-St-Zip:	ROSE, MARK E	Delete IROE, SUITE 2800 0661		Title: Name: Address: City-St-Zip:	COO (X) C VAN BERKEL, JAC 1551 NORTH TUS SANTA ANA, CA	TIN AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES S. FENTON VP 07/07/2008