

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000993

1. Entity Name
HFF-GP, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
3424 Peachtree Rd., NE
Suite, Apt. #, etc.
Suite 800

3. Mailing Address Attn: Gail Knight
3424 Peachtree Rd., NE
Suite, Apt. #, etc.
Suite 800

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
74-2943055

Applied For
Not Applicable

Zip Country
30326 USA

Zip Country
30326 USA

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

DO NOT WRITE IN THIS SPACE

00068772

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME Thomas A. McKean ☐ Delete
STREET ADDRESS 3424 Peachtree Rd., NE, Ste. 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE
NAME VP/CFO/T/D Amber B. Degnan ☐ Delete
STREET ADDRESS 3424 Peachtree Rd., NE, Ste. 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE
NAME VPAS Pamela P. Griffin ☐ Delete
STREET ADDRESS 3424 Peachtree Rd., NE, Ste. 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE
NAME VPAS Debbie J. Newmark ☐ Delete
STREET ADDRESS 3424 Peachtree Rd., NE, Ste. 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE
NAME COO Nancy O. Goodson ☐ Delete
STREET ADDRESS 3003 W. Alabama Street
CITY-ST-ZIP Houston, TX 77098

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie J. Newmark Debbie J. Newmark 04/25/01 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)