

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003058**

1. Entity Name  
**MARCUS & MILLICHAP REAL ESTATE INVESTMENT  
BROKERAGE COMPANY**



Principal Place of Business  
**2626 HANOVER STREET  
PALO ALTO, CA 94304**

Mailing Address  
**2626 HANOVER STREET  
ATTN: LEGAL DEPARTMENT  
PALO ALTO, CA 94304**



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-2372547**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GREEN, HARVEY
STREET ADDRESS	16830 VENTURA BLVD., #352
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	CD
NAME	MARCUS, GEORGE M
STREET ADDRESS	2626 HANOVER STREET
CITY-ST-ZIP	PALO ALTO, CA 94304
TITLE	VS
NAME	MUDRICH, PAUL S
STREET ADDRESS	2626 HANOVER STREET
CITY-ST-ZIP	PALO ALTO, CA 94304
TITLE	VASD
NAME	LORENZ, DONALD A
STREET ADDRESS	2626 HANOVER STREET
CITY-ST-ZIP	PALO ALTO, CA 94304
TITLE	VTD
NAME	KAISER, STUART E
STREET ADDRESS	16830 VENTURA BLVD., #352
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	CD
NAME	MILLICHAP, WILLIAM A
STREET ADDRESS	2626 HANOVER STREET
CITY-ST-ZIP	PALO ALTO, CA 94304

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04/15/05-80041-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/05**  
Date

**650/494-8800**  
Daytime Phone #