

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90234 038 ***150.00

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



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

Mailing Address
**800 W. EL CAMINO REAL
STE 200
MOUNTAIN VIEW, CA 94040**

40000



04172007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, HARVEY 16830 VENTURA BLVD., #352 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARCUS, GEORGE M 2626 HANOVER STREET PALO ALTO, CA 94304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MUDRICH, PAUL S 800 W EL CAMINO REAL STE 200 MOUNTAIN VIEW, CA 94040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD LORENZ, DONALD A 2626 HANOVER STREET PALO ALTO, CA 94304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KAISER, STUART E 16830 VENTURA BLVD., #352 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLICHAP, WILLIAM A 2626 HANOVER STREET PALO ALTO, CA 94304

**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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Mudrich

4/19/07

Date

650/396-1900

Daytime Phone #