

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003386

1. Entity Name
JONES LANG LASALLE SERVICES, INC.

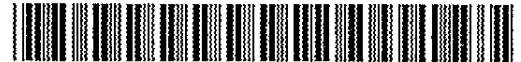


Principal Place of Business

**224 S. MICHIGAN AVE.
SUITE 475
CHICAGO, IL 60604 US**

Mailing Address

**C/O JONES, LANG, LASALLE, AMERICAS, INC.
200 E. RANDOLPH DR. 72ND FL
CHICAGO, IL 60601 US**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3050591

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORENSEN, PAUL R
STREET ADDRESS	200 E. RANDOLPH
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	B
NAME	OWEN, PEYTON H
STREET ADDRESS	200 E. RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D
NAME	HAGAN, ROBERT K
STREET ADDRESS	200 E. RANDOLPH
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	V
NAME	HAGAN, ROBERT K
STREET ADDRESS	200 E. RANDOLPH
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	T
NAME	MCLAUGHLIN, MICHAEL J
STREET ADDRESS	224 S. MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60604
TITLE	V
NAME	JASIONOWSKI, JAMES S
STREET ADDRESS	200 E. RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601

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04/12/04-80022-009 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

312-228-2778

Date

Daytime Phone #