

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000003386

1. Entity Name
JONES LANG LASALLE SERVICES, INC.



Principal Place of Business
**200 EAST RANDOLPH DRIVE
SUITE 4300
CHICAGO, IL 60601 US**

Mailing Address
**200 EAST RANDOLPH DRIVE
SUITE 4300
CHICAGO, IL 60601 US**



04202007 No Chg-P CR2E034 (11/05)

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 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	D
NAME	THUMMEL, WILLIAM
STREET ADDRESS	200 E RANDOLPH DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D
NAME	REPP, GORDON
STREET ADDRESS	200 E. RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	P
NAME	MORANDE, THOMAS
STREET ADDRESS	200 E RANDOLPH DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	T
NAME	HAKKE, BRIAN
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	V
NAME	MCLAUGHLIN, MICHAEL J
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VD
NAME	JASIONOWSKI, JAMES S
STREET ADDRESS	200 E. RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601

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05/29/07-80034-024 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

Daytime Phone # _____