2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003386

0612842 AV

1. Entity Name
~~LPISC, INC.~~
JONES LANG LASALLE SERVICES, INC.

Principal Place of Business	Mailing Address
224 S. MICHIGAN AVE.	ATTN: MIA DELGADO. HAGAN & ASSOC.
SUITE 475	200 E. RANDOLPH
CHICAGO IL 60604	CHICAGO IL 60601
US	

2. Principal Place of Business	3. Mailing Address
	c/o Jones Lang LaSalle Americas, Inc.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	200 E. Randolph Dr., 72nd Fl.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 36-3050591	Applied For
	Chicago, IL		Not Applicable

Zip	Country	Zip 60601	Country U.S.A.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. 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, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State		**9.** Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D** NAME **SORENSEN, PAUL R** STREET ADDRESS **200 E. RANDOLPH** CITY-ST-ZIP **CHICAGO IL 60601**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **D** NAME **OWEN, PEYTON H** STREET ADDRESS **200 E. RANDOLPH DRIVE** CITY-ST-ZIP **CHICAGO IL 60601**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **D** NAME **HAGAN, ROBERT K** STREET ADDRESS **200 E. RANDOLPH** CITY-ST-ZIP **CHICAGO IL 60601**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **V** NAME **HAGAN, ROBERT K** STREET ADDRESS **200 E. RANDOLPH** CITY-ST-ZIP **CHICAGO IL 60601**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **T** NAME **MCLAUGHLIN, MICHAEL J** STREET ADDRESS **224 S. MICHIHGAN AVE** CITY-ST-ZIP **CHICAGO IL 60604**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE **V** NAME **JASIONOWSKI, JAMES S.** STREET ADDRESS **200 E. RANDOLPH DRIVE** CITY-ST-ZIP **CHICAGO, IL 60601**		☐ Change	☒ Addition

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 REQUIRED~~ James S. Jasionowski   4/23/03   (312) 228-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #