

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005104

Entity Name: CBRE HMF, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

2800 POST OAK BLVD, SUITE 2100  
HOUSTON, TX 77056

## New Principal Place of Business:

## Current Mailing Address:

11150 SANTA MONICA BLVD  
SUITE 1600  
LOS ANGELES, CA 90025

## New Mailing Address:

FEI Number: 83-0495358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KAY, KENNETH J  
Address: 11150 SANTA MONICA BLVD STE 1600  
City-St-Zip: LOS ANGELES, CA 90025

Title: D ( ) Delete  
Name: MIDLER, LAURENCE H  
Address: 11150 SANTA MONICA BLVD STE 1600  
City-St-Zip: LOS ANGELES, CA 90025

Title: P ( ) Delete  
Name: HALPERN, RONALD  
Address: 111 HUNTINGTON AVE, 12TH FLR  
City-St-Zip: BOSTON, MA 02199

Title: CFO ( ) Delete  
Name: FRAZER, BILL R  
Address: 2800 POST OAK BLVD STE 2100  
City-St-Zip: HOUSTON, TX 77056

Title: SVP ( ) Delete  
Name: COOLEY, THOM  
Address: 3820 PEACHTREE ROAD NW, SUITE 1400  
City-St-Zip: ATLANTA, GA 30305

Title: EVP ( ) Delete  
Name: DONOVAN, PETER F  
Address: 111 HUNTINGTON AVE, 12TH FLR  
City-St-Zip: BOSTON, MA 02199

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SULENTIC, ROBERT E  
Address: 11150 SANTA MONICA BLVD STE 1600  
City-St-Zip: LOS ANGELES, CA 90025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN D. MCALLISTER

SVP

04/09/2009

Electronic Signature of Signing Officer or Director

Date