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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000445 (7)

1. Corporation Name
KOLL MANAGEMENT SERVICES, INC.

600001430676
-03/15/95--01093--003
****100.00 ****100.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660	4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 33-0308719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600001430676
-03/15/95--01093--004
****100.00 ****100.00
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ROTHE, WILLIAM S JR.	1.2 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	1.4 CITY-ST-ZIP		
TITLE	VPC	2.1 TITLE	Senior VP, Corporate Controller	☒ Change ☐ Addition
NAME	STEGEMAN, GREGORY P.	2.2 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	Senior VP, Secretary	☒ Change ☐ Addition
NAME	ALLEN, DEVON A.	3.2 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	KOLL, DONALD M	4.2 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	4.4 CITY-ST-ZIP		
TITLE	VCD	5.1 TITLE	CEO, Director	☒ Change ☐ Addition
NAME	WIRTA, RAY	5.2 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	Executive VP	☒ Change ☐ Addition
NAME	ORTWEIN, RICHARD M	6.2 NAME	D. Glen Raiger	
STREET ADDRESS	4343 VON KARMAN AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Devon A. Allen 2-22-95 714-833-9360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402310 FP