

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000000647 (8)**

1. Corporation Name:

TRAMMELL CROW REALTY SERVICES, INC.



Principal Place of Business

Mailing Address

2001 ROSS AVENUE
SUITE 3500
DALLAS TX 75201

2001 ROSS AVENUE
SUITE 3500
DALLAS TX 75201

3. Date Incorporated or Qualified
02/09/1993

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

75-2478680

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 (sign or print name of signing officer or director)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRINDELL, CHARLES R JR.	
STREET ADDRESS	6000 POPLAR AVE., SUITE 500	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J. M.	
STREET ADDRESS	2001 ROSS AVENUE 3500	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OAKS, DEBORAH A	
STREET ADDRESS	2001 ROSS AVENUE 3400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM P	
STREET ADDRESS	2001 ROSS AVENUE, #500	
CITY-ST-ZIP	MEMPHIS TN 75201	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAVER, STEPHEN W	
STREET ADDRESS	2001 ROSS AVENUE, #3500	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OAKS, DEBORAH A	
STREET ADDRESS	2001 ROSS AVENUE, #3500	
CITY-ST-ZIP	DALLAS TX 75201	

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Lippe, George L.	
15. STREET ADDRESS	2001 Ross Avenue, #3500	
16. CITY-ST-ZIP	Dallas, TX 75201	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

George L. Lippe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

(214) 979-5100
DATE

CR2E034 (12/95)