FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:42

DOCUMENT # **F94000003697 (9)**

1. Corporation Name
KOLL INVESTMENT MANAGEMENT, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1994
3a. Date of Last Report:

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: 33-0367147 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Chairman of the Board	☒ Change ☐ Addition
NAME	KOLL, DONALD M	12 NAME		
STREET ADDRESS	4343 VON KARMAN AVEL.	13 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WIRTA, RAYMOND E	22 NAME		
STREET ADDRESS	4343 VON KARMAN AVEL.	23 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ROTHE, WILLIAM S	32 NAME		
STREET ADDRESS	4343 VON KARMAN AVEL.	33 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	DOMS, A R JR	42 NAME		
STREET ADDRESS	4343 VON KARMAN AVE, #170	43 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	44 CITY-ST-ZIP		
TITLE	C	51 TITLE	Vice Chairman & CEO	☒ Change ☐ Addition
NAME	BREN, PETER M	52 NAME		
STREET ADDRESS	126 E. 56TH ST., #12N	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	54 CITY-ST-ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	FEREN, ROBERT A	62 NAME		
STREET ADDRESS	4343 VON KARMAN AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	64 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: _____ 3/6/95 (714) 833-9360
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR TRUSTEE — Date — Daytime Phone #
Herbert L. Roth, Secretary