

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003697 (9)

1. Corporation Name

KOLL INVESTMENT MANAGEMENT, INC.



Principal Place of Business

4343 VON KARMAN AVE.
NEWPORT BEACH CA 92660

Mailing Address

4343 VON KARMAN AVE.
NEWPORT BEACH CA 92660

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

33-0367147

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of the individual named as registered agent, if applicable

Signature of Registered Agent (signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COB ☒ DELETE
NAME KOLL, DONALD M
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-STATE-ZIP NEWPORT BEACH CA 92660

1. TITLE Executive Vice Pres. & ☐ Change ☒ Addition
2. NAME Roth, Herbert L. Secretary
3. STREET ADDRESS 4343 Von Karman Avenue
4. CITY-STATE-ZIP Newport Beach, CA 92660

TITLE D ☐ DELETE
NAME WIRTA, RAYMOND E
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-STATE-ZIP NEWPORT BEACH CA 92660

2. TITLE Director ☐ Change ☒ Addition
2.2 NAME Patin, Nicholas S.
2.3 STREET ADDRESS 4343 Von Karman Avenue
2.4 CITY-STATE-ZIP Newport Beach, CA 92660

TITLE D ☐ DELETE
NAME ROTHE, WILLIAM S
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-STATE-ZIP NEWPORT BEACH CA 92660

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE V ☒ DELETE
NAME DOMS, A R JR
STREET ADDRESS 4343 VON KARMAN AVE, #170
CITY-STATE-ZIP NEWPORT BEACH CA 92660

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VCEO ☐ DELETE
NAME BREN, PETER M
STREET ADDRESS 126 E. 58TH ST., #12N = 28th Floor
CITY-STATE-ZIP NEW YORK NY 10022

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE P ☐ DELETE
NAME FEREN, ROBERT A
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-STATE-ZIP NEWPORT BEACH CA 92660

6. TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert L. Roth

1/23/96

(714) 476-7500 x240

Date

Daytime Phone

CR2E034 (12/95)