FILED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400003697

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| KOLL INVESTMENT MANAGEMENT, INC. | | | | 00 MAR 28 AM 9: 14 |
|---|--|--|---|--|
| Principal Place of Business 4343 VON KARMAN AVE. NEWPORT BEACH CA 92660 | | Mailing Address 533 S. FREMONT AVE. LEGAL DEPARTMENT LOS ANGELES CA 90071-1706 | | SECRETARY OF STATE. THE BARASSEE FLORIDA |
| 2. Principal P | Place of Business | US | | DUE |
| | | 3. Mailing Address 333 S. Beaudry Avenue | | nue |
| Suite, Apt. | <u> </u> | Suite, Apt. #, etc. 9th Floor | | DO NOT WRITE IN THIS SPACE |
| City & State | | Los Angeles, CA | | 4. FEI Number 33-0367147 Applied For Not Applicable |
| Zip | Country | ^{Zip} 90017 | Country USA | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | | | 7. Name and Address of New Registered Agent |
| | | | Name | |
| C T CORPORATION SYSTEM Street | | | Street A | Address (P.O. Box Number is Not Acceptable) |
| |) south pine island RD. Ntation FL 33324 | | | |
| | | | City | ****591.26_ ****50.00 |
| 8. The above | named entity submits this statement for | the purpose of changing its r | registered office or | or registered agent, or both, in the State of Florida. |
| SIGNATURE . | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: | : Registered Agent signat | ature required when reinstating) DATE |
| Tax filing r | oration is eligible to satisfy its intangible requirement and elects to do so. | After MAY 1, 200 Make Check Payabl | | 5550.00 Trust Fund Contribution. Added to Fees |
| 11. | OFFICERS AND D | DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZERBST, ROBERT H 533 S. FREMONT AVE. LOS ANGELES CA 90071 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 865 S. Figueroa Street Los Angeles, CA 90017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROMANAK, LAURIE 533 S. FREMONT AVE. LOS ANGELES CA 90071 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ★ Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TSUJIMOTO, TRUDE A 533 S. FREMONT AVE. LOS ANGELES CA 90071 | ∑ _Celete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary ***Change *** Addition Walter V. Stafford 353 Sacramento Street Los Angeles, CA 9411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ROTH, HERBERT L 533 S. FREMONT AVE. LOS ANGELES CA 90071 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ★ Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAT HAECKEL, JOHN C 533 S. FREMONT AVE. LOS ANGELES CA 90071 | X ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby c | VP MORRIS, DEBRA L 533 S. FREMONT AVE. LOS ANGELES CA 90071 certify that the information supplied with the information supplie | Delete | NAME STREET ADDRESS CITY-ST-ZIP the exemption sta | Los Angeles, CA 90017 ated in Section 119.07(3)(i), Florida Statutes, I further certify that the information |
| of the cor | on this report or supplemental report is to poration or the receiver or trustee empoy, or on an attachment with an address, wi | vered to execute this report a | y signature shall h as required by Cha | have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 on the same appears in Block 11 on the s |

Kelsa L. Jones

Date

3/13/00 213-613-3239

Daytime Phone #