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 FEB 22 AM 9:52

DOCUMENT # F94000004302 (5)

1. Corporation Name
CB COMMERCIAL MORTGAGE COMPANY, INC.

Principal Place of Business	Mailing Address
533 S. FREMONT AVE. LOS ANGELES CA 90071	533 S. FREMONT AVE. LOS ANGELES CA 90071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 95-3200948 ☐ 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: [illegible] (Signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	Vice President/Treasurer/Director	☐ Change ☒ Addition
NAME	DAVIDSON, DAVID A	12 NAME		
STREET ADDRESS	533 S. FREMONT AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	President	☒ Change ☐ Addition
NAME	[illegible]	22 NAME	Richard C. Clotfelter	
STREET ADDRESS	533 S. FREMONT AVE.	23 STREET ADDRESS	533 S. Fremont Avenue	
CITY-ST-ZIP	LOS ANGELES CA 90071	24 CITY-ST-ZIP	Los Angeles, CA 90071	
TITLE	V	31 TITLE	Vice President	☒ Change ☐ Addition
NAME	[illegible]	32 NAME	Bruce Bates	
STREET ADDRESS	533 S. FREMONT AVE.	33 STREET ADDRESS	533 S. Fremont Avenue	
CITY-ST-ZIP	LOS ANGELES CA 90071	34 CITY-ST-ZIP	Los Angeles, CA 90071	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	PLATISHA, RONALD J	42 NAME		
STREET ADDRESS	533 S. FREMONT AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	Director	☒ Change ☐ Addition
NAME	[illegible]	52 NAME	James J. Didion	
STREET ADDRESS	533 S. FREMONT AVE.	53 STREET ADDRESS	533 S. Fremont Avenue	
CITY-ST-ZIP	LOS ANGELES CA 90071	54 CITY-ST-ZIP	Los Angeles, CA	
TITLE	V	61 TITLE	Vice President	☒ Change ☐ Addition
NAME	[illegible]	62 NAME	Nick West	
STREET ADDRESS	533 S. FREMONT AVE.	63 STREET ADDRESS	533 S. Fremont Avenue	
CITY-ST-ZIP	LOS ANGELES CA 90071	64 CITY-ST-ZIP	Los Angeles, CA 90071	

14. I hereby certify that the information supplied with this report 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 above, or on an attachment with an address.

SIGNATURE: [signature] Karen A. Tallman/Secretary 2/8/95 213-613-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470501 FP