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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 6:49

DOCUMENT # F94000006601 (8)

1. Corporation Name

KOLL FACILITIES SERVICES, INC.

Principal Place of Business

Mailing Address

5000 BIRCH ST.
STE. 6000
NEWPORT BEACH CA 92660

5000 BIRCH ST.
STE. 6000
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

33-0582062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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 SOUTH PINE ISLAND ROAD
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 typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (11-13)

TITLE	C
NAME	RAIGER, D. GLEN
STREET ADDRESS	4343 VON KARMAN AVE.
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	DCEO
NAME	WALKER, JOHN A JR.
STREET ADDRESS	1658 COLE BLVD., STE. 150
CITY - ST - ZIP	GOLDEN CO 80401
TITLE	DV
NAME	YALE, ERIC S
STREET ADDRESS	5000 BIRCH ST., STE. 6000
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	DCFO
NAME	MCMILLEN, LYNDA S
STREET ADDRESS	5000 BIRCH ST., STE. 6000
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	S
NAME	ALLEN, DEVON A
STREET ADDRESS	4343 VON KARMAN AVE.
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

Devon A. Allen
Devon A. Allen, Secretary

3/10/95

(714) 833-9360

Register 1/28/94