

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006601 (8)**

1. Corporation Name

KOLL FACILITIES SERVICES, INC.



Principal Place of Business

5000 BIRCH ST.
STE. 6000
NEWPORT BEACH CA 92660

Mailing Address

5000 BIRCH ST.
STE. 6000
NEWPORT BEACH CA 92660

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 of person to be changed or replaced (if any)

Name of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward R. Lyons	
1.3 STREET ADDRESS	6300 Forest Park Road, Suite 1139	
1.4 CITY - ST - ZIP	Dallas, TX 75235	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John W. Davis	
2.3 STREET ADDRESS	3 Embarcadero Center, Suite 980	
2.4 CITY - ST - ZIP	San Francisco, CA 94111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Devon A. Allen* **Devon A. Allen** 1/19/96 (714) 833-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME PHONE #

CR2E034 (12/95)