

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006601 (8)

1. Corporation Name
KOLL CORPORATE 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 92660-2143
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3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 02/05/1996
4. FEI Number 33-0582062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, EDWARD R	1.2 NAME	Lyons, Edward R.
STREET ADDRESS	6300 FOREST PARK ROAD, SUITE 1139	1.3 STREET ADDRESS	6300 Forest Park Road, Suite 1139
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Dallas, Texas 75235
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JOHN W	2.2 NAME	Roth, Herbert L.
STREET ADDRESS	3 EMBARCADERO CENTER, SUITE 980	2.3 STREET ADDRESS	5000 Birch St., 8th Floor
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	Newport Beach, CA 92660 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YALE, ERIC S	3.2 NAME	Abraham, Richard S.
STREET ADDRESS	5000 BIRCH ST., STE. 6000	3.3 STREET ADDRESS	10 South LaSalle #2600
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	Chicago, Illinois 60603
TITLE	DCFO <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMILLEN, LYNDA S	4.2 NAME	Jackson, Ronald E.
STREET ADDRESS	5000 BIRCH ST., STE. 6000	4.3 STREET ADDRESS	4343 Von Karman Avenue
CITY-ST-ZIP	NEWPORT BEACH CA 92660	4.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DEVON A	5.2 NAME	Davis, John W.
STREET ADDRESS	4343 VON KARMAN AVE.	5.3 STREET ADDRESS	3 Embarcadero Center, Suite 980
CITY-ST-ZIP	NEWPORT BEACH CA 92660	5.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lane, Lynda
STREET ADDRESS		6.3 STREET ADDRESS	4343 Von Karman Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Newport Beach, CA 92660

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/7/97 (7:11) 852-5252**
Daytime Phone #

CR2E034 (9/96)