

2000 UNIFORM BUSINESS REPORT (UBR)

0577388

DOCUMENT # F94000006601
 1. Entity Name
CB RICHARD ELLIS CORPORATE FACILITIES MANAGEMENT

FILED
00 MAR 28 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**5000 BIRCH ST.
 STE. 6000
 NEWPORT BEACH CA 92660**

Mailing Address
**533 S. FREMONT AVE.
 LEGAL DEPARTMENT
 LOS ANGELES CA 90071-1706
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
333 S. Beaudry Avenue
 Suite, Apt. #, etc.
9th Floor
 City & State
Los Angeles, CA
 Zip
90017
 Country
USA

4. FEI Number **33-0582062** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 C/O C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LYONS, EDWARD R 6300 FOREST PARK ROAD, SUITE 1139 DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, JOHN W 3 EMBARCADERO CENTER, SUITE 980 SAN FRANCISCO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROTH, HERBERT L 533 S. FREMONT AVENUE LOS ANGELES CA 90071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO MCMILLEN, LYNDA S 5000 BIRCH ST., STE. 6000 NEWPORT BEACH CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TSUJIMOTO, TRUDE A 533 S. FREMONT AVENUE LOS ANGELES CA 90071 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003196317--9 -04/05/00--01014--022 ****591.25 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Beaudry Avenue 9th Floor Los Angeles, CA 90017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Walter V. Stafford 353 Sacramento Street San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Kelsa L. Jones 333 S. Beaudry Avenue, 9th Floor Los Angeles, CA 90017

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelsa L. Jones Kelsa L. Jones 3/13/00 213-613-3239
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 0012-000001