

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004156**

1. Entity Name

TRAMMELL CROW CORPORATE SERVICES, INC.**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 007 ***150.00

Principal Place of Business

Mailing Address

100 EAST MAIN STREET, SUITE 405
SUITE 104
STAMFORD CT 069012001 ROSS AVENUE
3400
DALLAS TX 75201-2968
US**80077994**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2378868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CPD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CONCANNON, WILLIAM	695 E MAIN ST STE104	STAMFORD CT							
	EV			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAKAHARA, ASUKA	2001 ROSS AVE, STE 3400	DALLAS TX 75201							
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SAVINO, REBECCA M	2001 ROSS AVE, STE 3400	DALLAS TX 75201							
	EVD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LIPPE, GEORGE L	2001 ROSS AVE, STE 3400	DALLAS TX 75201							
	EVAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LEISER, WILLIAM P	2001 ROSS AVE, STE 3400	DALLAS TX 75201							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	EVD								<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Blackwell, H. Pryor	2001 Ross Avenue, Suite 3400	Dallas, TX 75201							

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:

Rebecca M. Savino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 214/863-3000

CR2E034 (9/99)