

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0570428 AV

DOCUMENT # F97000002688

1. Entity Name
JONES LANG LASALLE AMERICAS, INC.

03-20-2002 90013 040 ***150.00

Principal Place of Business
200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

Mailing Address
200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

Hagan & Co Mia Delgado



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
36-4160760

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MUMAW, VIVIAN I**
 STREET ADDRESS **200 EAST RANDOLPH DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **WEBB, EARL**
 STREET ADDRESS **200 E RANDOLPH DR**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **SULLIVAN, WILLIAM E**
 STREET ADDRESS **200 E RANDOLPH DR**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **ROBERT K. HAGAN**
 STREET ADDRESS **200 E. RANDOLPH DR.**
 CITY-ST-ZIP **CHICAGO, IL 60601**

TITLE **VT** ☐ Delete
 NAME **HAKA, BRIAN P**
 STREET ADDRESS **200 EAST RANDOLPH DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **HAGAN, ROBERT K**
 STREET ADDRESS **200 EAST RANDOLPH DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **OWEN, PEYTON H**
 STREET ADDRESS **200 EAST RANDOLPH DR**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. HAGAN

Date

3/7/02

Daytime Phone #

(312)

782-5800

CR2E034 (9/01)