

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90301 004 \*\*\*150.00

**DOCUMENT # F97000002688**

1. Entity Name  
JONES LANG LASALLE AMERICAS, INC.



Principal Place of Business  
200 EAST RANDOLPH DRIVE  
CHICAGO, IL 60601

Mailing Address  
C/O BARRY LIBKIN  
200 EAST RANDOLPH DRIVE, 72ND FLOOR  
CHICAGO, IL 60601

07070707



01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4160760

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 D ☒ Change ☐ Addition  
NAME Mark Rose  
STREET ADDRESS (same)  
CITY-ST-ZIP

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

TITLE P ☒ Change ☐ Addition  
NAME Peter C. Roberts  
STREET ADDRESS (same)  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HAGAN, ROBERT K  
STREET ADDRESS 200 E RANDOLPH DR  
CITY-ST-ZIP CHICAGO, IL 60601

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

TITLE VT ☐ Delete  
NAME HAKE, 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 V ☒ Change ☐ Addition  
NAME James S. Jasionowski  
STREET ADDRESS (same)  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME Gordon Repp  
STREET ADDRESS (same)  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*James S. Jasionowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

312-228-2778

Daytime Phone #

James S. Jasionowski