

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THUMMEL, WILLIAM 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, PETER C 200 E RANDOLPH DR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAGAN, ROBERT K 200 E RANDOLPH DR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HAKE, BRIAN P 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASIONOWSKI, JAMES S 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REPP, GORDON 200 EAST RANDOLPH DR CHICAGO, IL 60601

1000000763010
05/29/07-80034-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

Daytime Phone # _____