

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 035 ***150.00

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1. Entity Name
LASALLE ORLANDO SOUTHWEST, INC.



Principal Place of Business
**LANG LASALLE AMERICAS, INC
200 EAST RANDOLPH DRIVE, 72ND FL
CHICAGO, IL 60601**

Mailing Address
**LANG LASALLE AMERICAS, INC
200 EAST RANDOLPH DRIVE, 72ND FL
CHICAGO, IL 60601**

40107160



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4219744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 \$550.00**

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	V PAULSON, ERICK 200 E RANDOLPH DR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDGE, WADE 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Ricketts 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAFF, PETER H 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODROW, KIMBALL C 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASIONOWSKI, JAMES S 200 E RANDOLPH DRIVE CHICAGO, IL 60601

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IN THIS SPACE**

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

Date

Daytime Phone #

4/26/07