

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000000549**1. Entity Name
TRAMMELL CROW RETAIL SERVICES-BROKERAGE, INC.

Principal Place of Business

2001 ROSS AVE., SUITE 3400
C/O REBECCA M. SAVINO
DALLAS TX 75201

Mailing Address

2001 ROSS AVE., SUITE 3400
C/O REBECCA M. SAVINO
DALLAS TX 75201

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

75-2681126

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

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)

05/01/2001

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, 2001 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	EVP	<input type="checkbox"/> Delete
NAME	WILLIAM LEISER	
STREET ADDRESS	2001 ROSS AVE., SUITE 3400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DONNA HAUG L	
STREET ADDRESS	7995 E. PRENTICE AVE. #300	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILCHRIST JOHN L	
STREET ADDRESS	2 PARK PLAZA #250	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DOPPELT JEFFERY J	
STREET ADDRESS	45 WEST JUNIPER LANE	
CITY-ST-ZIP	MORELAND HILLS OH 44022	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	LUCY DINNEEN	
STREET ADDRESS	7535 E. HAMPDEN AVE #650	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	COE RICHARD H	
STREET ADDRESS	2001 ROSS AVE., SUITE 3400	
CITY-ST-ZIP	DALLAS TX 75201	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM LEISER P	
STREET ADDRESS	2001 ROSS AVE., SUITE 3400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILCHRIST JOHN L	
STREET ADDRESS	2 PARK PLAZA #250	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPPELT JEFFERY J	
STREET ADDRESS	45 WEST JUNIPER LANE	
CITY-ST-ZIP	MORELAND HILLS OH 44022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE RICHARD H	
STREET ADDRESS	2001 ROSS AVE., SUITE 3400	
CITY-ST-ZIP	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: WILLIAM P. LEISER

V

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)