2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2007 8:00 am Secretary of State DOCUMENT # P28421 05-01-2007 90035 034 ***150.00 CUSHMAN & WAKEFIELD/PREMISYS, INC. Principal Place of Business Mailing Address 51 WEST 52ND STREET 1350 AVE OF THE AMERICAS NEW YORK, NY 10019 7TH FL TAX DEPT NEW YORK, NY 10019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 22-2426090 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition MOSLER, BRUCE E NAME NAME 51 W. 52ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100196178 CITY-ST-ZIP **EVP** Chief Financial Officer TITLE (X) Delete TITLE ☐ Change **K** Addition DOWD, THOMAS P NAME Bruce L. Hartman STREET ADDRESS 51 W 52ND ST STREET ADDRESS 51 West 52nd Street New York, NY 10019-6178 CITY-ST-7/P NEW YORK, NY 10019 CITY - ST - ZIP ☐ Delete TITLE TITI F Change Addition SINGLETON, KENNETH P NAME NAME STREET ADDRESS 51 W 52ND ST STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change CLERKIN, FRANCIS P NAME NAME STREET ADDRESS 1350 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100194707 CITY-ST-7IP Controller & A.T. Delete ☐ Addition DOWD, THOMAS P NAME NAME Michael G. Flood 51 WEST 52ND STREET STREET ADDRESS STREET ADDRESS S1 West 52nd Street CITY-ST-7IP NEW YORK, NY 100196178 CITY-ST-ZIP New York, NY 10019 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 employers 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 this at the like empowered.

FILED

212-013-6913