2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28421

Title:

Name:

Address:

City-St-Zip:

CAT

(X) Delete

FLOOD, MICHAEL G

51 WEST 52ND STREET

NEW YORK, NY 10019

FILED Apr 09, 2008 Secretary of State

Entity Nar	ne: CUSHMAN	N & WAKEFIELD/PREMISYS,	INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	52ND STREET K, NY 10019	US					
Current Mailing Address:			New Maili	New Mailing Address:			
7TH FL TA	OF THE AMER X DEPT K, NY 10019	ICAS US					
	22-2426090	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Des	ired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O CT CC 1200 SOU	ORATION SYST DRPORATION : TH PINE ISLAN ON, FL 33324	SYSTEM ID RD.					
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered ager	ıt, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () MOSLER, BRUC 51 W. 52ND ST NEW YORK, NY		Title: Name: Address: City-St-Zip:	CEO (X MOSLER, BRU 51 W. 52ND S' NEW YORK, N	Г		
Title: Name: Address: City-St-Zip:	CFO () HARTMAN, BRU 51 WEST 52ND NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	CFO (X FLOOD, MICH, 51 WEST 52NI NEW YORK, N	O STREET		
Title: Name: Address: City-St-Zip:	GCS () SINGLETON, KE 51 W 52ND ST NEW YORK, NY		Title: Name: Address: City-St-Zip:	GCS (X SINGLETON, K 51 W 52ND ST NEW YORK, N	•		
Title: Name: Address: City-St-Zip:	T () CLERKIN, FRAN 1350 AVE OF TH NEW YORK, NY	IE AMERICAS	Title: Name: Address: City-St-Zip:	CLERKIN, FRA	THE AMERICAS		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCIS P. CLERKIN **TREA** 04/09/2008

() Change () Addition