

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90735 023 \*\*\*150.00

**DOCUMENT # P28421**

1. Entity Name

**CUSHMAN & WAKEFIELD/PREMISYS, INC.**



Principal Place of Business

**2929 ALLEN PARKWAY  
SUITE 2100  
HOUSTON TX 77056  
US**

Mailing Address

**51 WEST 52 ST  
8TH FLOOR  
NEW YORK NY 10019-6178  
US**

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

**22-2426090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

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. 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

See Attached List

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MIRANTE, ARTHUR J II</b><br><b>51 W 52ND ST</b><br><b>NEW YORK NY 10019</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVP</b><br><b>DOWD, THOMAS P</b><br><b>51 W 52ND ST</b><br><b>NEW YORK NY 10019</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>GCS</b><br><b>SINGLETON, KENNETH P</b><br><b>51 W 52ND ST</b><br><b>NEW YORK NY 10019</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CLERKIN, FRANCIS P</b><br><b>51 WEST 52 ST</b><br><b>NEW YORK NY 10019</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DOWD, THOMAS P</b><br><b>51 WEST 52ND STREET</b><br><b>NEW YORK NY 10019-6178</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MIRANTE, ARTHUR J II</b><br><b>51 WEST 52ND STREET</b><br><b>NEW YORK NY 10019-6178</b> | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael G. Flood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL G. FLOOD**

Date

Daytime Phone #

**4/24/03**

**212 841 7726**

CR2E034 (10/02)

CUSHMAN & WAKEFIELD/PREMISYS, INC.  
OFFICERS & DIRECTORS

DIRECTORS

DOWD, THOMAS P.  
MIRANTE II, ARTHUR J.  
SINGLETON, KENNETH P.

BUSINESS ADDRESS

51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178  
51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178  
51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178

OFFICERS

TITLE

BUSINESS ADDRESS

|                       |  |  |
|-----------------------|--|--|
| MIRANTE II, ARTHUR J. | PRESIDENT  | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| DOWD, THOMAS P.       | EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| SINGLETON, KENNETH P. | GENERAL COUNSEL & SECRETARY                        | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| GOLDSTEIN, KENNETH R. | ASSISTANT SECRETARY                                | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| MERCER, STEPHANIE A.  | ASSISTANT SECRETARY                                | 5430 LBJ FREEWAY, STE 1100, DALLAS TEXAS 75240     |
| CLERKIN, FRANCIS P.   | TREASURER  | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| FLOOD, MICHAEL G.     | CONTROLLER & ASSISTANT TREASURER                   | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| O.B. UPTON III        | EXECUTIVE VICE PRESIDENT                           | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |
| CRUZ, JOSE            | ASSISTANT VICE PRESIDENT                           | 51 WEST 52ND STREET, NEW YORK, NEW YORK 10019-6178 |

Attachment  
Doc# 028121  
40010028