2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31733

Entity Name: CBRE MELODY & COMPANY

FILED Apr 11, 2008 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
2800 POST SUITE 2100 HOUSTON			SUITE 2100	2800 POST OAK BOULEVARD SUITE 2100 HOUSTON, TX 77056		
Current Ma	ailing Address	::	New Mailir	New Mailing Address:		
100 NORTH SEPULVEDA BOULEVARD SUITE 1000 C/O LEGAL SERVICES EL SEGUNDO, CA 90245 US			SUITE 1600	11150 SANTA MONICA BOULEVARD SUITE 1600 LOS ANGELES, CA 90025 US		
FEI Number:	74-1949382	FEI Number Applied For () FEI	Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MELODY, LAWR	BLVD, SUITE 2100	Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	MIDLER, LAURE	PULVEDA BOULEVARD, SUITE 1050	Title: Name: Address: City-St-Zip:	MIDLER, LAUREN	DNICA BOULEVARD, SUITE 1600	
Title: Name: Address: City-St-Zip:	WHITE, BRETT	Delete PULVEDA BOULEVARD, SUITE 1050 A 90245	Title: Name: Address: City-St-Zip:	WHITE, BRETT	Change () Addition ONICA BOULEVARD, SUITE 1600 CA 90025	
Title: Name: Address: City-St-Zip:	STOFFERS, BRI	BLVD, SUITE 2100	Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	FRAZER, BILL R	BLVD, SUITE 2100	Title: Name: Address: City-St-Zip:	()0	Change () Addition	

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.

SIGNATURE: BRIAN D. MCALLISTER SVP 04/11/2008