

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31733

FILED
Apr 14, 2009
Secretary of State

Entity Name: CBRE CAPITAL MARKETS, INC.

Current Principal Place of Business:

2800 POST OAK BOULEVARD
SUITE 2100
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

11150 SANTA MONICA BOULEVARD
SUITE 1600
LOS ANGELES, CA 90025 US

New Mailing Address:

FEI Number: 74-1949382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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 DIRECTORS:

Title: D () Delete
Name: MELODY, LAWRENCE J
Address: 2800 POST OAK BLVD, SUITE 2100
City-St-Zip: HOUSTON, TX 77056

Title: DEVP () Delete
Name: MIDLER, LAURENCE H
Address: 11150 SANTA MONICA BOULEVARD, SUITE 1600
City-St-Zip: LOS ANGELES, CA 90025

Title: D () Delete
Name: WHITE, BRETT
Address: 11150 SANTA MONICA BOULEVARD, SUITE 1600
City-St-Zip: LOS ANGELES, CA 90025

Title: P () Delete
Name: STOFFERS, BRIAN F
Address: 2800 POST OAK BLVD, SUITE 2100
City-St-Zip: HOUSTON, TX 77056

Title: SCFO () Delete
Name: FRAZER, BILL R
Address: 2800 POST OAK BLVD, SUITE 2100
City-St-Zip: HOUSTON, TX 77056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date