2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mark H. Fine

FILED DOCUMENT # **P39824** May 01, 2000 8:00 am Secretary of State 1. Entity Name GRUBB & ELLIS MANAGEMENT SERVICES, INC. 05-01-2000 90457 016 ***150.00 Principal Place of Business Mailing Address 2215 SANDERS ROAD 2215 SANDERS ROAD 4TH FLOOR 4TH FLOOR NORTHBROOK IL 60062-6126 NORTHBROOK IL 60062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 25-1683409 Not Applicable Zip Country 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 CSC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees XХ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete EHRENBERG, MAUREEN NAME NAME 2215 SANDERS RD, STE 400 STREET ADDRESS STREET ADDRESS NORTHBROOK IL 60062 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE BEIREIS. CURTIS NAME NAME 2215 SANDERS RD, STE 400 STREET ADDRESS STREET ADDRESS NORTHBROOK IL 60062 CITY-ST-ZIP CITY-ST-ZIP **VPCC** ■ Addition ☐ Delete TITLE Change HARBAUGH, BLAKE W NAME NAME 2215 SANDERS ROAD, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE OLINGER, DONALD D NAME NAME 2215 SANDERS RD, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP **VPCA** TITLE ☐ Change ☐ Addition □ Delete DUE SCHAMMEL, RICHARD NAME NAME 100 WILSHIRE BLVD., SUITE 200 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90017-2459 CITY-ST-ZIP CITY-ST-ZIP **VPAS** ☐ Addition Change TITI F TITLE ☐ Delete VANAIRSDALE, CAROL M NAME NAME 1646 NROTH CALIFORNIA BLVD., SUITE 500 STREET ADDRESS STREET ADDRESS WALNUT CREEK CA 94596 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the eyemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 11 or Block 12 if changed, or on an attachment with an address, with a other like processored.

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4/27/00