

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005379 (9)**  
 1. Corporation Name  
**TRAMMELL CROW RETAIL SERVICES, INC.**



Principal Place of Business <b>2001 ROSS AVE., STE. 3400 DALLAS TX 75201</b>	Mailing Address <b>2001 ROSS AVE., STE. 3400 DALLAS TX 75201</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/13/1997</b>	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number <b>75-2681127</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>DINNEEN, LUCY</b>	
STREET ADDRESS	<b>7535 E. HAMPDEN AVE. #650</b>	
CITY-ST-ZIP	<b>DENVER CO 80231</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOYSKI, STEPHEN M</b>	
STREET ADDRESS	<b>7995 E. PRENTICE AVE. #300</b>	
CITY-ST-ZIP	<b>GREENWOOD VILLAGE CO 80111</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>SAVINO, REBECCA M</b>	
STREET ADDRESS	<b>2001 ROSS AVE. #3400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ROTHACKER, WILLIAM</b>	
STREET ADDRESS	<b>7995 E. PRENTICE AVE. #300</b>	
CITY-ST-ZIP	<b>GREENWOOD VILLAGE CO 80111</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>LIPPE, GEORGE L</b>	
STREET ADDRESS	<b>2001 ROSS AVE. #3400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>NAKAHARA, ASUKA</b>	
STREET ADDRESS	<b>2001 ROSS AVE. #3400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Leiser, William P.</b>	
2.3 STREET ADDRESS	<b>2001 Ross Ave., #3400</b>	
2.4 CITY-ST-ZIP	<b>Dallas, TX 75201</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca M Savino* Rebecca M. Savino 4/23/98 214/863-3000

CR2E034 (10/97)