No. <b>C 167437</b>		CARLESTAN OF STREET STR		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CUSHMAN & WAKEFIELD OF OREGON, INC.  200 S.W. MARKET STREET  STE 200						
NO FILING FEE IF RECEIVED BY DUE DATE		PORTLAND OR 97201		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasurer (	optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DIRECTOR TREASURER DIRECTOR DIRECTOR SECRETARY DIRECTOR		DDGES H. GRANT ENKUS	2101 L STREET, NW SUITE 700 2101 L STREET, NW SUITE 700 77 WEST WACKER DRIVE SUITE 1800 77 WEST WACKER DRIVE SUITE 1800 1290 AVENUE OF THE AMERICAS 2101 CEDAR SPRINGS BOULEVARD SUITE 900 2101 CEDAR SPRINGS BOULEVARD SUITE 900		DC DC IL IL NY TX	USA USA USA USA USA USA	20037 20037 60601 60601 10104 75201	
<b>OR</b> Si		5. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann			Date: 05	/08/2017 DA		
Processed 05/08/2017			ctronically provided signatures are accepted as original signatures.					