

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20004

**Entity Name:** DTZ GOVERNMENT SERVICES, INC.

**Current Principal Place of Business:**

275 GROVE STREET  
SUITE 3-200  
AUBURNDALE, MA 02466

**Current Mailing Address:**

275 GROVE STREET  
SUITE 3-200  
AUBURNDALE, MA 02466 US

**FEI Number:** 13-1974380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEDBOROUGH, PAUL  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            TREASURER  
Name            WALSH, KEVIN  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            ASST. SECRETARY  
Name            EUSTACE, VANESSA A  
Address        275 GROVE STREET STE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            DIRECTOR  
Name            BEDBOROUGH, PAUL  
Address        275 GROVE STREET STE 3-200  
City-State-Zip: AUBURDALE MA 02446

Title            DIRECTOR  
Name            LICKERMAN, TOD  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            ASST. TREASURER  
Name            MOLITO, JOSEPH  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            SECRETARY  
Name            SOLOWAY, BRETT  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

Title            DIRECTOR  
Name            QUICK, STEVEN  
Address        275 GROVE STREET  
                 SUITE 3-200  
City-State-Zip: AUBURNDALE MA 02466

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH MOLITO

**ASST TREASURER**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date