



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary
Corporations
108 W. Ave.
Providence, RI 02909
601-221-2222

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|---|-------------------|--|------------------|--------------|
| 1. Corporate ID No. 22981 | | 2. Name of Corporation Cushman & Wakefield of Massachusetts, Inc. | | |
| 3. Street Address Principal Business Office 125 Summer Street | | City Boston | State MA | Zip 02110 |
| 4. Business Phone No. 617 - 330-6966 | | 5. State of Incorporation Massachusetts | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Bruce E. Mosler | | Vice President Name Thomas L. Collins | | |
| Street Address 51 West 52nd Street | | Street Address 125 Summer Street | | |
| City New York | State NY | Zip 10019-6178 | City Boston | State MA |
| Secretary Name Kenneth P. Singleton | | Treasurer Name Francis P. Clerkin | | |
| Street Address 51 West 52nd Street | | Street Address 1350 Avenue of the Americas | | |
| City New York | State NY | Zip 10019-6178 | City New York | State NY |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Bruce E. Mosler | | Director Name Kenneth P. Singleton | | |
| Street Address 51 West 52nd Street | | Street Address 51 West 52nd Street | | |
| City New York | State NY | Zip 10019-6178 | City New York | State NY |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 100 | COMM NO PAR VALUE | | 100 | COMMON |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| | | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Date **FILED**
OCT 24 2007
By 534300 P 531802
SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying exhibits and statements, and that all statements contained herein are true and correct.

Signature Michael G. Flood Date _____
Title Controller and Assistant Treasurer
Title _____