

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90070 001 *****8.75

DOCUMENT # 833308

1. Entity Name

THE TRUST FOR PUBLIC LAND

Principal Place of Business

Mailing Address

116 NEW MONTGOMERY ST.
 4TH FLOOR
 SAN FRANCISCO CA 94105
 US

116 NEW MONTGOMERY ST.
 4TH FLOOR
 SAN FRANCISCO CA 94105-3638
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7222333

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

5443



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. See Attached

OFFICERS AND DIRECTORS List

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EVP	<input type="checkbox"/> Delete
NAME	BENSON, RALPH W	
STREET ADDRESS	116 NEW MONTGOMERY, 4FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGRS, WILLIAM B	
STREET ADDRESS	116 NEW MONTGOMERY, 4FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	SV	<input type="checkbox"/> Delete
NAME	LEE, NELSON J	
STREET ADDRESS	116 NEW MONTGOMERY, 4 FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCINTYRE, ROBERT W	
STREET ADDRESS	116 NEW MONTGOMERY, 4FL	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, W. DALE	
STREET ADDRESS	306 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, JOHN W	
STREET ADDRESS	1215 WESTMOOR ROAD	
CITY-ST-ZIP	WINNETKA IL 60093	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Spencer* Assistant Secretary 01/18/00 (415) 495-4014