

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90327 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000003065

1. Entity Name
SEEFRIED INDUSTRIAL PROPERTIES, INC.



Principal Place of Business
**1 NORTH PARKWAY SQUARE
4200 NORTHSIDE PARKWAY
ATLANTA, GA 30327**

Mailing Address
**1 NORTH PARKWAY SQUARE
4200 NORTHSIDE PARKWAY
ATLANTA, GA 30327**

11030266



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
58-2150167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Mail Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SEEFRIED, FERDINAND C**
STREET ADDRESS **10 NORTH PARKWAY SQUARE, 4200 NORTHSIDE**
CITY-ST-ZIP **ATLANTA, GA 30327**

TITLE **EV** ☐ Delete
NAME **RAKUSIN, ROBERT S**
STREET ADDRESS **10 NORTH PARKWAY SQUARE, 4200 NORTHSIDE**
CITY-ST-ZIP **ATLANTA, GA 30327**

TITLE **S** ☐ Delete
NAME **BENDERT, BRIAN**
STREET ADDRESS **1 NORTH PARKWAY SQUARE STE 300**
CITY-ST-ZIP **ATLANTA, GA 30337**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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:

B. Bendert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (678)904-1911
Date Daytime Phone #

CR2E034 (10/02)