

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 23, 2011
Secretary of State**

DOCUMENT# F97000006243

Entity Name: PROLOGIS, INC.

Current Principal Place of Business:

PIER 1, BAY 1
ATTN: LEGAL DEPT
SAN FRANCISCO, CA 94111

New Principal Place of Business:

New Mailing Address:

PIER 1, BAY 1
ATTN: LEGAL DEPT
SAN FRANCISCO, CA 94111

Current Mailing Address:

C/O NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331

FEI Number: 94-3281941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOD
Name: MOGHADAM, HAMID R
Address: PIER 1 BAY 1
City-St-Zip: SAN FRANCISCO, CA 94111

Title: CEOD
Name: RAKOWICH, WALTER C
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: CFO
Name: SULLIVAN, WILLIAM E
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: SEC
Name: NEKRITZ, EDWARD S
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: CEO
Name: ANDERSON, GARY E
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: VP
Name: CROVO, PETER D
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

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: EDWARD S. NEKRITZ

SEC

09/23/2011

Electronic Signature of Signing Officer or Director

_____ Date