


**DOCUMENT # B01000000226**  
 1. Entity Name  
**PROLOGIS SECOND U.S. PROPERTIES LP**

*W6/3*  
**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**02 MAY 28 PM 4:04**  


Principal Place of Business  
**14100 EAST 35TH PLACE**  
**AURORA CO 80011**

Mailing Address  
**14100 EAST 35TH PLACE**  
**AURORA CO 80011**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number  
**84-1593334**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$30.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,270,426**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M01000001395</b> <b>PROLOGIS SECOND GP LLC</b> <b>1400 EAST 35TH PLACE</b> <b>AURORA CO 80011</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<b>200005691672--7</b> <b>-06/05/02--01012--003</b> <b>****526.25 ****526.25</b>
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Cathleen Hardman* **Cathleen N. Hardman** **4/22/02** **(303) 375-9292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #