

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B94000000434

1. Entity Name
PROLOGIS LIMITED PARTNERSHIP IV

Principal Place of Business 14100 E. 35TH PLACE AURORA CO 80011	Mailing Address 14100 E. 35TH PLACE AURORA CO 80011
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 14100 E. 35th Place Suite, Apt. #, etc. C/O Katie Hardman City & State Aurora, CO 80011 Zip 80011
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DUE BY MAY 1, 2002

4. FEI Number 74-2723980	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$70,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,037,671.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F9400005564 PROLOGIS IV, INC. 14100 E. 35TH PLACE AURORA CO 80011	STREET ADDRESS CITY-ST-ZIP	BK
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100005481331--5 -05/07/02--01059-018 ****526.25 ****526.25
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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: *Katie Hardman* **REQUIRED** **Green N. Hardman** **4/24/02** **(303) 375-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)