

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000061

1. Entity Name

CABOT INDUSTRIAL PROPERTIES OF DELAWARE, LIMITED

Principal Place of Business

TWO CENTER PLAZA, SUITE 200
BOSTON MA 02108

Mailing Address

TWO CENTER PLAZA, SUITE 200
BOSTON MA 02108

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

04-3397874

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

C T CORPORATION SYSTEM
1200 SOUTH 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

9. Capital Contributions
as Shown on record.

\$17,970,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # D99000000006
NAME CABOT INDUSTRIAL TRUST
STREET ADDRESS TWO CENTER PLAZA, SUITE 200
CITY-ST-ZIP BOSTON MA 02108

STREET ADDRESS
CITY-ST-ZIP 600003370546--2
-08/24/00--01002--021
****400.00 ****400.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600003370546--2
-08/24/00--01002--022
****526.25 ****526.25

DOCUMENT #
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

210,391,525
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 16 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)