

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90147 020 ***150.00

06/8665 AT

DOCUMENT # F01000001587
1. Entity Name:
PROLOGIS INDUSTRIAL PROPERTIES INCORPORATED

Principal Place of Business **Mailing Address**
400 WEST MAIN STREET, SUITE 338 **400 WEST MAIN STREET, SUITE 338**
BABYLON NY 11702 **BABYLON NY 11702**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
445 Broadhollow Road **Same**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 224 **Suite 224**

City & State **City & State**
melville NY **melville NY**

Zip **Country** **Zip** **Country**
11747 **U.S.A.** **11747** **U.S.A.**

4. FEI Number **Applied For**
51-0407523 **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 **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
☒ **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTAS STIDD, ANDREW L. 400 WEST MAIN STREET, SUITE 338 BABYLON NY 11702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT BILOTTA, FRANK B 114 WEST 47TH STREET, SUITE 1715 NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ANGELO, BERNARD J 400 WEST MAIN STREET, SUITE 338 BABYLON NY 11702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD WONG, TONY 114 WEST 47TH STREET, SUITE 1715 NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD BURT, CHRISTOPHER T 114 WEST 47TH STREET, SUITE 1715 NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD TAYLOR, DAVID O 114 WEST 47TH STREET, SUITE 1715 NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew L. Stidd
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02
Date

631 587 4700
Daytime Phone #

CR2E034 (9/01)