

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2002 90147 018 ***150.00

0676552 AT

DOCUMENT # F01000004638
1. Entity Name
PROLOGIS INDUSTRIAL PROPERTIES III 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.

City & State City & State
Melville NY

Zip Country Zip Country
11747 U.S.A.

4. FEI Number **51-0412173** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STIDD, ANDREW L		NAME		
STREET ADDRESS	400 WEST MAIN STREET, SUITE 338		STREET ADDRESS		
CITY-ST-ZIP	BABYLON NY 11702		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILOTTA, FRANK B		NAME		
STREET ADDRESS	114 WEST 47TH STREET, SUITE 1715		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELO, BERNARD J		NAME		
STREET ADDRESS	400 WEST MAIN STREET, SUITE 338		STREET ADDRESS		
CITY-ST-ZIP	BABYLON NY 11702		CITY-ST-ZIP		
TITLE	3	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURT, CHRISTOPHER T		NAME		
STREET ADDRESS	114 WEST 47TH STREET, SUITE 1715		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, DAVID O		NAME		
STREET ADDRESS	114 WEST 47TH STREET, SUITE 1715		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WONG, TONY		NAME		
STREET ADDRESS	114 WEST 47TH STREET, SUITE 1715		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		

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

2/8/02 631 587 4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)