

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003710

FILED
May 06, 2008
Secretary of State

Entity Name: PROLOGIS-NORTH CAROLINA (1) INCORPORATED

Current Principal Place of Business:

4545 AIRPORT WAY
DENVER, CO 80239

New Principal Place of Business:

Current Mailing Address:

4545 AIRPORT WAY
DENVER, CO 80239

New Mailing Address:

FEI Number: 74-2702403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BROOKSHER, K. DANE
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: D () Delete
Name: BROOKSHER, K. DANE
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 800111618

Title: VC (X) Delete
Name: LYONS, IRVING F III
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: CIO (X) Delete
Name: LYONS, IRVING F III
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: DCFO () Delete
Name: RAKOWICH, WALTER C
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: SEC () Delete
Name: NEKRITZ, EDWARD S
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPRS (X) Change () Addition
Name: RAKOWICH, WALTER C
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY REIN

ADMI

05/06/2008

Electronic Signature of Signing Officer or Director

_____ Date