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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001458

1. Corporation Name

Principal Place of Business

TRINET CORPORATE REALTY TRUST, INC.

Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90213 030 ***150.00

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(•					03/24/1993			_
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	\Box	Applied For]
21	26			94-3175659		Not Applicable]		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certifcate of Status Desired		Additional	}
22					g, Controlle of Chalas Book Ca	Fee F	Required	1	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country .	29 36	Сои	ntry	,	This corporation owes the current year Intang Personal Property Tax.	gible Yes	□No	
, , , , , , , , , , , , , , , , , , ,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent]
				81 N	Name CT (Corporation System			
	HT, DAWN H.		}	82 S					1
1	TRINET CORPORATE REALTY TR	UST, INC.		"	1200	ss (P.O. Box Number is Not Acceptable) O S. Pine Island Road			
	FULLERTON ST. STE 105		1	83					
JACI	KSONVILLE FL 32256		-	84 C	City		85 Zir	Code	1
l					´ Plar	ntation ·		3324	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes,	the at	oove-na	amed corpor	ration submits this statement for the purpose of charles board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the appointment of the purpose of the pu	anging i	ts registered	
oπice or n	m familiar with, and accept the objection	ons of, Section 607.0505, Florid	a Statu	ites.	COrporation	s board of directors. Thereby accept the appointment	7	, og , o. o o	
I SILINA I DICE	~ ~ ~	- 1 _	Pen	C. N	Aorales	2/22	<u> 199</u>	, 	{
	Signature, typed or printed name of registered agent a			Algent sig	st.Seast		DIREC:	FORE IN 12	4
12.	OFFICERS AND	DIRECTORS	13.	16	TP	ADDITIONS/CHANGES TO OFFICERS AND I	A Change		1
TITLE		·	1.1 III 1.2 NA		1 -	in, A. William	<u></u>]
NAME	ONE EMBARCADERO CENTER 33RD FL			13 STREET ADDRESS ONE EMBARCADERS CENTER, 33 RD FLOOR					'
STREET ADDRESS						I FRANCISCO, CA 94111			1
CITY-ST-ZIP	VS	₩ DELETE	2.1 TIT		VS		Change	e [] Addition	┧ ¦
	· ·	· · · · · · · · · · · · · · · · · · ·				an, Geoffrey M.	<u>.</u>		
NAME)	ONE EMBARCADERO CENTER 33RD FL FOUR EMBARCADERO CENTER, STE 3150					Embarcadero Center, 33rd	Tloo	r	
STREET ADDRESS	SAN FRANCISCO CA	, 012 3130	l			Francisco, CA 94111	FIOO	1.	{
CITY-ST-ZIP	C	☐ DELETE	2. 4 CI 3.1 TIT	TY-ST-Z	D		Change	e Addition	1
TITLE	HOLMAN, ROBERT W JR	- Deterie	3.1 III 3.2 NA		Mc	MANALA TOHN G.		~	
NAME	ONE EMBARCADERO CENTER :	SSBD EI .		ME REET ADI	سننجا	E EMBARCADERO CENTER 33RD F	L		-
STREET ADDRESS	SAN FRANCISCO CA	WIND I L		REET ADI		N FRANCISCO, CA 94111			
CITY-ST-ZIP	D	☐ DELETE	4.1 TIT		1 J/LF		Change	e	1
TITLE NAME	PUSKAR, GEORGE R.	- The rest of the second	4.2 N		=== ===				- -
	ONE EMBARCADERO CENTER	OODD EI	1	REET AD	UDEGG				1
STREET ADDRESS	SAN FRANCISCO CA 94111	SSRU PL		REET ALA					1
CITY-ST-ZIP	D	☐ DELETE	5.1 TIT		<u> </u>	· · · · · · · · · · · · · · · · · · ·	Change	e Addition	1
NAME	ANDERSEN, WILLIS JR.		5.2 NA				-, •	•	
STREET ADDRESS	ONE EMBARCADERO CENTER	R3RD FI		REET ADI	DRESS	Richard Control	•	1 the	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	* 1 4 4 5		ry-st-zii					-
TITLE		DELETE	6.1 TIT			Г	Change	e Addition	1
NAME	D Morris, Robert-S	DELETE	6.2 NA	ME	f	_	_		
1	ONE EMBARCADERO CENTER		•	REET ADI	DRESS				
STREET ADDRESS	CAN EDANGISCO CA GALLA	NUD I'L		1. 07 70					

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 annual report or supplemental annual 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 ged, or on an attachment with an address, with all other like empowered.

Geoffrey_MolDugan; Ovice Block 12 or Block 13 if

Geoffrey Dugan; Vice Pres.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/10/99

415/391-4300