FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN 27 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002342 (4)

1. Corporation Name

TRINET ESSENTIAL FACILITIES III, INC.

95

Principal Place of Business	Mailing Address
FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111	FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 94-3175663	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name	Jo Ann Chitty
02 Street Address (P.O. Box Number is Not Acceptable)	c/o TriNet Corporate Realty Trust, Inc.
03	7406 Fullerton St. Suite 105
04 City / 05 Zip Code	Jacksonville FL 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WHITING, MARK S	1.2 NAME	Mark S. Whiting
STREET ADDRESS	52 DARRELL PLACE	1.3 STREET ADDRESS	Four Embarcadero Center, Ste. 3150
CITY-ST-ZIP	SAN FRANCISCO CA 94133	1.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	HOLMAN, ROBERT W JR.	2.2 NAME	Robert W. Holman, Jr.
STREET ADDRESS	237 GRANITE STREET	2.3 STREET ADDRESS	Four Embarcadero Center, Ste. 3150
CITY-ST-ZIP	ASHLAND OR 97520	2.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	VST	3.1 TITLE	VST ☒ Change ☐ Addition
NAME	REINHART, JAMES R	3.2 NAME	James R. Reinhart
STREET ADDRESS	1765 REGAL DRIVE	3.3 STREET ADDRESS	Four Embarcadero Center, Ste. 3150
CITY-ST-ZIP	CONCORD CA 94521	3.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	VAS	4.1 TITLE	VAS ☒ Change ☐ Addition
NAME	CHITTY, JO ANN	4.2 NAME	Jo Ann Chitty
STREET ADDRESS	3874 HABERSHAM FOREST DRIVE	4.3 STREET ADDRESS	7406 Fullerton St., Suite 105
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		5.1 TITLE	V ☐ Change ☒ Addition
NAME		5.2 NAME	Charles S. Swanson
STREET ADDRESS		5.3 STREET ADDRESS	Four Embarcadero Center, Ste. 3150
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE		6.1 TITLE	VAS ☐ Change ☒ Addition
NAME		6.2 NAME	Debra Paul
STREET ADDRESS		6.3 STREET ADDRESS	Four Embarcadero Center, Ste. 3150
CITY-ST-ZIP		6.4 CITY-ST-ZIP	San Francisco, CA 94111

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0303276 CP