


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002342	
1. Entity Name TRINET ESSENTIAL FACILITIES III, INC.	

Principal Place of Business 1114 AVENUE OF THE AMERICAS, 27TH FL NEW YORK, NY 10036 US	Mailing Address 1114 AVENUE OF THE AMERICAS, 27TH FL NEW YORK, NY 10036 US
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3175663	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SUGARMAN, JAY 1114 AVENUE OF THE AMERICAS, 27TH FL NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUGAN, GEOFFREY M ONE EMBARCADERO CENTER 33RD FL SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, CATHERINE 1114 AVENUE OF THE AMERICAS, 27TH FL NEW YORK, NY 10036
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04/23/04-80070-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Geoffrey M. Dugan* *Geoffrey M. Dugan, Secretary* *4/12/04* *415-391-4300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #