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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

| DOCUMENT # | F93000002344 | (0) |
|--------------------------------------|--------------|-----|
| Corporation Name | | • |

TRINET ESSENTIAL FACILITIES VIIIR, INC.

Principal Place of Business Mailing Address FOUR EMBARCADERO CENTER. SUITE 3150 FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1993 02/10/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 94-3173607 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032. Country Zip Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CHITTY, JO ANN R2 C/O TRINET CORPORATE REALTY TRUST, INC 83 7460 FULLERTON ST., STE 105 JACKSONVILLE FL 32256 Zip Code City 85 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) Signature typed or printed name of registered agent and little if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. XI Change ☐ Addition ☐ DELETE 1. 1 TITLE TITLE PD 1.2 NAME WHITING, MARK S NAME 1.3 STREET ADDRESS FOUR EMBARCADERO CENTER, STE. 3150 STREET ADDRESS CA 94111 San Francisco 1.4 CITY-ST-ZIP SAN FRANCISCO CA CITY - ST - ZIP Schange Addition DELETE 2 1 TITLE TITLE VAS 2.2 NAME CHITTY, JO ANN NAME 7406 FULLERTON ST., STE 105 2.3 STREET ADDRESS STREET ADDRESS Jacksonville FL 32256 JACKSONVILLE FL 24 CITY - ST - ZIP CITY-ST-ZIP (*) Change [Addition DELETE 3 1 TITLE VST TITLE 3.2 NAME REINHART, JAMES R NAME FOUR EMBARCADERO CENTER, STE 3150 3.3. STREET ADDRESS STREET ADDRESS San Francisco CA 94111 SAN FRANCISCO CA 3.4 CITY-ST-ZIP CITY-ST-ZIP X Change Addition DELETE 4 1 TITLE TiTLE 4.2 NAME HOLMAN, ROBERT W JR. NAME FOUR EMBARCADERO CNETER, STE 3150 4.3 STREET ADDRESS STREET ADDRESS San Francisco CA 94111 SAN FRANCISCO CA 4.4 CITY - ST-ZIP CITY - ST- ZIP Change Addition DELETE 5. 1 TITLE TITLE SWANSON, CHARLES S FOUR EMBARCADERO CENTER, STE. 3150 **53 STREET ADDRESS** STREET ADDRESS San Francisco CA 94111 5.4 CITY - ST- ZIP SAN FRANCISCO CA CITY-ST-7IP ☐ Addition 🙀 Change DELETE 6 1 TITLE TITLE VAS

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/k), 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 certify 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

PAUL DEBRA

SAN FRANCISCO CA

FOUR EMBARCADERO CENTER, STE. 3150

NAME

STREET ADDRESS

CITY - S1 - 7IP

ME OF SIGNING OFFICER OR DIRECTOR

Debra H. Paul Vice President

San Francsico CA 94111

415-391-4300

Davtime Phone #