## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mading Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F93000002344 (0)

TRINET ESSENTIAL FACILITIES VIIIR, INC.

Through Field of Edulidas										
FOUR EMBARG SAN FRANCISC	CADERO CENTER, SUITE 3150 CO CA 94111	FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111-4159			150					
						3. Date incorporated or Qualified 05/19/1993	1	te of La	st Report	
L	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				<b>94-3173607</b> Not Applicable				
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Regulred	
City & Stat	io	City & State	······································			6. Election Campaign Financing	<del></del>	······	00 May Be	
23		28	28			Trust Fund Contribution Added to Fees				
Žιρ	Country	Zip	Country	у		8. This corporation has liability for i			er s. 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent					Florida Statutes				
		nt Registered Agent	81		Name	10. Name and Address of New Re	gistered A	gent		
CHITTY, JO ANN					Name					
C/O TRINET CORPORATE REALTY TRUST, INC				2 Street Address (P.O. Box Number is Not Acceptable)						
	0 Fullerton St., Ste 105 KSONVILLE FL 32256		83						<del></del>	
JAU	NOUNVILLE PL 32230									
			64	ŀ	City		FL	85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the abov	/ <del>0</del> -[	named corpo	oration submits this statement for the p		changir	ng its registered	
office or r agent 1 a	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, f	s authorized b Florida Statute	iy ti SS.	he corporation	oration submits this statement for the poon's board of directors. I hereby accep	t the appo	intment	t as registered	
SIGNATURE										
OIOIVITORE	Signature, typed or printed name of registered a		OTE Registered Ag	ent	signature require	d when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	☐ DELETE	1.1 TITLE					Chan	nge 🔲 Addition	
NAME	WHITING, MARK S	TED ATE ALEA	1.2 NAME		•					
STREET ADDRESS	FOUR EMBARCADERO CENT	EK, SIE. 3150	1.3 STREE						:	
CITY-ST-ZIP TITLE	SAN FRANCISCO CA VAS	☐ DELETE	1.4 CITY-1		ZIP			- AL	1440	
NAME	CHITTY, JO ANN	□ pereie	2.1 TITLE					Chan	nge [_] Addition	
STREET ADDRESS	7406 FULLERTON ST., STE 1	INE	2.2 NAME		******					
CITY - ST - ZIP	JACKSONVILLE FL		2.3 STREE							
TITLE	VST	<b>⊠</b> DELETE	2. 4 CITY- 3.1 TITLE		VS	<b>3T</b>		Chan	nge K Addition	
NAME	REINHART, JAMES R		3.2 NAME		A.	. William Stein	'		igo agair roomon	
STREET ADDRESS	FOUR EMBARCADERO CENT	ER, STE 3150	3.3 STREE		ODRESS FC	our Embarcadero Co	enter	. s	te 3150	
CITY-ST-ZIP	SAN FRANCISCO CA	,	3.4. CITY-		10-	an Francisco, CA				
TITLE	D	DELETE	4.1 TITLE					Chan	nge Addition	
NAME	HOLMAN, ROBERT W JR.		4. 2 NAME						:	
STREET ADDRESS	FOUR EMBARCADERO CNET	TER, STE 3150	4.3 STAEE	T AC	ODRESS					
CITY - ST - ZIP	SAN FRANCISCO CA		4.4 CITY~	<b>S</b> 1-	ZIP					
TITLE	V	M DELETE	5.1 TITLE		V			Chan	nge 🔼 Addition	
NAME -	SWANSON, CHARLES S		5.2 NAME		Ga	ry P. Lyon		_		
STREET ADDRESS	FOUR EMBARCADERO CENT	ER, STE. 3150	5.3 STREE	T AL	DRESS FC	our Embarcadero Co	enter	, S	te 3150	
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-		ZIP Sa	n Francsico, CA				
TITLE	VAS	☐ DELETE	6.1 TALE			**************************************		Chan	nge Addition	
NAME	PAUL, DEBRA		6.2 NAME			<u> </u>				
STREET ADDRESS	FOUR EMBARCADERO CENT	ен, STE. 3150	6.3 STREE	T AC	ODRESS	2* -				
CITY-ST-ZIP	SAN FRANCISCO CA		6.4 CITY-1	ST-	ZIP					

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attach

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Destine Prove

14. Ido 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