

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90001 020 ***150.00

103905

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~93000007~~ *F93000002344*
1. Entity Name
TriNet Essential Facilities VIIIIR, Inc.

Principal Place of Business
1114 Ave. of the Americas
27th Fl.
New York, NY 10036

Mailing Address
One Embarcadero Center
33rd Fl.
San Francisco, CA 94111

2. Principal Place of Business
1114 Ave. of the Americas
Suite, Apt. #, etc.
27th Fl.

3. Mailing Address
Suite, Apt. #, etc.

City & State
New York, NY

City & State

4. FEI Number
94-3173607

Applied For
Not Applicable

Zip
10036

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Stein, A. William	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	Chitty, Jo Ann	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Ida, James	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/Treas.	<input checked="" type="checkbox"/> Delete
NAME	DiTommaso, Elisa	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete
NAME	Geoffrey M. Dugan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Holman, Robert W. Jr.	
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Sugarman	
STREET ADDRESS	1114 Ave. of the Americas, 27th Fl.	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geoffrey M. Dugan	
STREET ADDRESS	One Embarcadero Center, 33rd Fl.,	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spencer B. Haber	
STREET ADDRESS	1114 Ave. of the Americas, 27th Fl.	
CITY-ST-ZIP	New York, NY 10036	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Geoffrey M. Dugan, Asst. Sec. 4/24/00 415-391-4300

CR2E034 (9/99)