

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002344

1. Entity Name
TRINET ESSENTIAL FACILITIES VIII, INC.

Principal Place of Business
1114 AVE OF THE AMERICAS
27TH FLOOR
NEW YORK NY 10036
US

Mailing Address
~~ONE EMBARCADERO CENTER~~
~~33RD FLOOR~~
SAN FRANCISCO CA 94111
~~US~~

2. Principal Place of Business

3. Mailing Address

1114 Avenue of the Americas
27th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New York, NY

Zip

Country

Zip
10036

Country

USA

4. FEI Number

94-3173607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHITTY, JO ANN
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

8/20/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SUGARMAN, JAY
1114 AVE OF THER AMERICAS 27TH FLOOR
NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
DUGAN, GEOFFREY M
ONE EMBARCADERO CENTER, 33RD FLOOR
SAN FRANCISCO CA 94111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
HABER, SPENCER B
1114 AVE OF THER AMERICAS, 27TH FLOOR
NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004562597--0
-08/29/01-01885-024
***\$550.00 ***\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Geoffrey M. Dugan

Date

8/19/01

Daytime Phone #

415-391-4300

CR2E034 (5/01)

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Trinet Essential Facilities VIIIIR, Inc.

0

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 8/20/01 Order#: 4738099
Availability _____
Document _____
Examiner _____ Ref#: _____
Updater _____
Verifier _____
W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



RECEIVED
01 AUG 20 AM 11:25
DIVISION OF CORPORATION