FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004220 (0)**

1. Corporation Name

TRINET ESSENTIAL FACILITIES X, INC.

Principal Place of Business	Mailing Address
FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111	FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 94-3175680 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHITTY, JO ANN
C/O TRINET CORP. REALTY TRUST, INC.
10199 SOUTHSIDE BLVD., SUITE 104
JACKSONVILLE FL 32256-0757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 7406 Fullerton, Suite 105
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITING, MARK	1.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 3150	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	REINHART, JAMES R	2.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 3150	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	COC ☒ Change ☐ Addition
NAME	WHITING, MARK S	3.2 NAME	ROB HOLMAN
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 3150	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VAS ☐ Change ☒ Addition
NAME		4.2 NAME	Jo Ann Chitty
STREET ADDRESS		4.3 STREET ADDRESS	7406 Fullerton, Suite 105
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE		5.1 TITLE	VAS ☐ Change ☒ Addition
NAME		5.2 NAME	Debra H. Paul
STREET ADDRESS		5.3 STREET ADDRESS	Four Embarcadero Ctr., Suite 3150
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE		6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	Charles S. Swanson
STREET ADDRESS		6.3 STREET ADDRESS	Four Embarcadero Ctr. Suite 3150
CITY-ST-ZIP		6.4 CITY-ST-ZIP	San Francisco, CA 94111

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303268 CP