

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004220 (0)

1. Corporation Name

TRINET ESSENTIAL FACILITIES X, INC.



Principal Place of Business

FOUR EMBARCADERO CENTER, SUITE 3150
SAN FRANCISCO CA 94111

Mailing Address

FOUR EMBARCADERO CENTER, SUITE 3150
SAN FRANCISCO CA 94111

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

94-3175680

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

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

24

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHITTY, JO ANN
C/O TRINET CORP. REALTY TRUST, INC.
7406 FULLERTON SUITE 105
JACKSONVILLE FL 32256-0757

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WHITING, MARK
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE 3150
CITY-ST-ZIP SAN FRANCISCO CA 94111

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME REINHART, JAMES R
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE 3150
CITY-ST-ZIP SAN FRANCISCO CA 94111

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HOLMAN, ROB
STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE 3150
CITY-ST-ZIP SAN FRANCISCO CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VAS ☐ DELETE
NAME CHITTY, JOANN
STREET ADDRESS 7406 FULLERTON SUITE 105
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VAS ☐ DELETE
NAME PAUL, DEBRA H
STREET ADDRESS FOUR EMBARCADERO CENTER SUITE 3150
CITY-ST-ZIP SAN FRANCISCO CA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME SWANSON, CHARLES S
STREET ADDRESS FOUR EMBARCADERO CTR SUITE 3150
CITY-ST-ZIP SAN FRANCISCO CA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Debra H. Paul

Debra H. Paul Vice President

415-391-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)