


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

FILED

Feb 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000004220 (0)</b> 1. Corporation Name <b>TRINET ESSENTIAL FACILITIES X, INC.</b>					
Principal Place of Business <b>FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111</b>			Mailing Address <b>FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111-4159</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/16/1993</b> 3a. Date of Last Report <b>04/23/1996</b> 4. FEI Number <b>94-3175680</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CHITTY, JO ANN C/O TRINET CORP. REALTY TRUST, INC. 7406 FULLERTON SUITE 105 JACKSONVILLE FL 32256-0757</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>PD WHITING, MARK FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>VST A. William Stein Four Embarcadero Center, Ste 3150 San Francisco, CA 94111</b>		
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>VST REINHART, JAMES R FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA 94111</b>			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>VST A. William Stein Four Embarcadero Center, Ste 3150 San Francisco, CA 94111</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>D HOLMAN, ROB FOUR EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO CA</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>VAS CHITTY, JOANN 7406 FULLERTON SUITE 105 JACKSONVILLE FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>VAS PAUL, DEBRA H FOUR EMBARCADERO CENTER SUITE 3150 SAN FRANCISCO CA</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>V SWANSON, CHARLES S FOUR EMBARCADERO CTR SUITE 3150 SAN FRANCISCO CA</b>			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>V Gary P. Lyon Four Embarcadero Center, Ste 3150 San Francisco, Ca 94111</b>		
14. I do 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <b>Debra H. Paul</b> <b>1/22/97</b> 415-391-4300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)

**TriNet Essential Facilities X, Inc.**

List of Officers & Directors

State of Florida

Federal ID # 94-3175680

**Robert W. Holman, Jr.**

Chairman of the Board of Directors

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**Mark S. Whiting**

President, Chief Executive Officer and Director

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**A. William Stein**

Executive Vice President, Chief Financial Officer, Treasurer & Secretary

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**Gary P. Lyon**

Executive Vice President

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**Debra H. Paul**

Vice President and Assistant Secretary

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**Jo Ann Chitty**

Senior Vice President

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111

**James H. Ida**

Senior Vice President

Four Embarcadero Center, Suite 3150

San Francisco, CA 94111