

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004220

1. Entity Name  
TriNet Essential Facilities X, Inc.

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

06-02-2000 90001 021 \*\*\*150.00

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

3. Mailing Address

Suite, Apt. #, etc.  
27th Fl.

Suite, Apt. #, etc.

City & State  
New York, NY 1

City & State

4. FEI Number  
94-3175680

Applied For  
Not Applicable

Zip  
10036

Country  
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stein, A. William XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jay Sugarman 1114 Ave of the Americas, 27th Fl. New York, NY 10036 XX Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holman, Robert W. Jr. XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Chitty, Jo Ann XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Treas DiTommaso, Elisa XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ida, James XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Spencer B. Haber 1114 Ave. of the Americas, 27th Fl. New York, NY 10036 XX Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Geoffrey M. Dugan <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Geoffrey M. Dugan One Embarcadero Center, 33rd Fl. San Francisco, CA 94111 XX Change <input type="checkbox"/> 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, Asst. Sec. 4/24/00 415-391-4300

Date

Daytime Phone #

CR2E034 (9/99)