

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004220

Entity Name

CT ESSENTIAL FACILITIES X, INC.

TRENET ESSENTIAL FACILITIES X, INC.

Principal Place of Business

1114 AVE OF THE AMERICAS

Mailing Address

ONE EMBARCADERO CENTER

33RD FL

SAN FRANCISCO CA 94111

US

27TH FLOOR

NEW YORK NY 10036

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3175680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE PD ☐ Delete
NAME SUGARMAN, JAY
STREET ADDRESS 1114 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED

Geoffrey M. Dugan

Date

8/9/01 715-391-4300

Daytime Phone #

CR2E034 (5/01)

0136494 AT

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90004 029 ***550.00



DO NOT WRITE IN THIS SPACE