200.00 1-26-95 B-49-NC

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:12

DOCUMENT # **F94000004791 (9)**

1. Corporation Name

TRINET ESSENTIAL FACILITIES XII, 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: 09/15/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 04-3209239 ☐ 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
% TRINET CORPORATE REALTY TRUST, INC.
7406 FULLERTON ST., SUITE 105
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

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	WHILTING, MARK S	1.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	REINHART, JAMES R	2.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	LYON, GARY P	3.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	3.3. STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SWANSON, CHARLES S	4.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	CHITTY, JO ANN	5.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, DEBRA HANSEN	6.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	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)(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: J. Reinhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303270 CP