

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-29-2001 90004 030 ***550.00

013691 AT

DOCUMENT # F94000004791

1. Entity Name

TRINET ESSENTIAL FACILITIES XII, INC.

Principal Place of Business

Mailing Address

~~1 EMBARCADERO CENTER~~
~~33RD FLOOR~~
~~SAN FRANCISCO CA 94111~~
~~US~~

~~1 EMBARCADERO CENTER~~
~~33RD FLOOR~~
~~SAN FRANCISCO CA 94111~~
~~US~~

2. Principal Place of Business

1114 Avenue of the Americas

Suite, Apt. #, etc.

27th Floor

City & State

New York, NY

Zip

10036

Country

USA

3. Mailing Address

1114 Avenue of the Americas

Suite, Apt. #, etc.

27th Floor

City & State

New York, NY

Zip

10036

Country

USA

4. FEI Number

94-3209239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, WILLIAM	
STREET ADDRESS	1 EMBARCADERO CEN. 33RD FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	DITOMMASO, ELISA F	
STREET ADDRESS	1 EMBARCADERO CEN. 33RD FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DUGAN, GEOFFREY M	
STREET ADDRESS	1 EMBARCADERO CENTER 33RD FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	IDA, JAMES H	
STREET ADDRESS	1 EMBARCADERO CEN 33RD. FL	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	CHIFFY, JO ANN	
STREET ADDRESS	1 EMBARCADERO CEN 33RD FL/	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CORTINA, LORIN	
STREET ADDRESS	1 EMBARCADERO CEN 33RD FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spencer B. Haber	
STREET ADDRESS	1114 Avenue of the Americas, 27th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Sugarman	
STREET ADDRESS	1114 Avenue of the Americas, 27th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geoffrey M. Dugan	
STREET ADDRESS	1 Embarcadero Center 33rd Floor	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

415-391-4300

CR2E034 (5/01)