

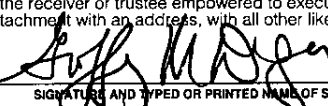


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90260 007 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # F94000004791</b><br>1. Entity Name<br><b>TRINET ESSENTIAL FACILITIES XII, INC.</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>1114 AVENUE OF THE AMERICAS, 27TH FLOOR</b><br><b>NEW YORK, NY 10036 US</b>   |   |  | Mailing Address<br><b>1114 AVENUE OF THE AMERICAS, 27TH FLOOR</b><br><b>NEW YORK, NY 10036 US</b>                                    |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                              |  |   |  |
| 4. FEI Number<br><b>94-3209239</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | 04122004    Chg-P    CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PDST</b><br><b>HABER, SPENCER B</b> <input checked="" type="checkbox"/> Delete<br><b>1114 AVE OF THE AMERICAS, 27TH FLR</b><br><b>NEW YORK, NY 10036</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>SUGARMAN, JAY</b><br><b>1114 AVE OF THE AMERICAS, 27TH FLR</b><br><b>NEW YORK, NY 10036</b>                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>President &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VAS</b> <input type="checkbox"/> Delete<br><b>DUGAN, GEOFFREY M</b><br><b>1 EMBARCADERO CENTER 33RD FL</b><br><b>SAN FRANCISCO, CA 94111</b>             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Treasurer &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Catherine D. Rice</b><br><b>1114 Avenue of Americas, 27th Fl.</b><br><b>New York, N.Y. 10036</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |  |
| <b>SIGNATURE:</b>  <b>Geoffrey M Dugan, Secretary</b> Date: <b>4/12/04</b> Daytime Phone #: <b>415-391-4300</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  |   |  |