

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004791

FILED
Apr 13, 2009
Secretary of State

Entity Name: TRINET ESSENTIAL FACILITIES XII, INC.

Current Principal Place of Business:

1114 AVENUE OF THE AMERICAS, 39TH FLOOR
NEW YORK, NY 10036 US

New Principal Place of Business:

Current Mailing Address:

1114 AVENUE OF THE AMERICAS, 39TH FLOOR
NEW YORK, NY 10036 US

New Mailing Address:

FEI Number: 94-3209239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: RICE, CATHERINE D
Address: 1114 AVE OF THE AMERICAS, 39TH FLR
City-St-Zip: NEW YORK, NY 10036

Title: CEO () Delete
Name: SUGARMAN, JAY
Address: 1114 AVE OF THE AMERICAS, 39TH FLR
City-St-Zip: NEW YORK, NY 10036

Title: S () Delete
Name: DUGAN, GEOFFREY M
Address: ONE SANSOME STREET 30TH FL
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: JAMES, BURNS
Address: 1114 AVE OF THE AMERICAS, 39TH FLR
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY M. DUGAN

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04/13/2009

Electronic Signature of Signing Officer or Director

Date