

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90007 013 \*\*\*150.00

**DOCUMENT # F94000005564**

1. Entity Name  
**PROLOGIS IV, INC.**

Principal Place of Business

Mailing Address

14100 E 35TH PLACE  
 AURORA CO 80011  
 US

7777 MARKET CENTER AVENUE  
 EL PASO TX 79912-0411  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Tax Department - Katie Hardman

City & State

City & State

4. FEI Number

**74-2722998**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

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 \$150.00**  
**After MAY-1, 2000 Fee will be \$550.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	WATTLES, THOMAS G	
STREET ADDRESS	125 LINCOLN AVENUE	
CITY-ST-ZIP	SANTA FE NM 87501	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANDS, LUKE A	
STREET ADDRESS	7777 MARKET CENTER AVE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LONG, EDWARD F.	
STREET ADDRESS	7777 MARKET CENTER AVENUE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKSHER, K. DANE	
STREET ADDRESS	14100 E 35TH PLACE	
CITY-ST-ZIP	AURORA CO 80011	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	VIETZE, MARY JANE	
STREET ADDRESS	7777 MARKET CENTER AVENUE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	KLOPF, JEFFREY A.	
STREET ADDRESS	125 LINCOLN AVENUE	
CITY-ST-ZIP	SANTA FE NM	

TITLE	Managing Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Seiple, Jr.	
STREET ADDRESS	14100 E. 35th Place	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President & Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerri L. Jenkins	
STREET ADDRESS	14100 E. 35th Place	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shari J. Jones	
STREET ADDRESS	7777 Market Center Avenue	
CITY-ST-ZIP	El Paso, TX 79912	

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:

*Shari Jones*

Vice President

(915) 877-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)