2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000005564** 1. Entity Name PROLOGIS IV, INC. Mailing Address Principal Place of Business 7777 MARKET CENTER AVENUE 14100 E 35TH PLACE EL PASO TX 79912-8411 AURORA CO 80011 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY-1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

Aurora, CO 80011

Vice President

Shari J. Jones

El Paso, TX 79912

7777 Market Center Avenue

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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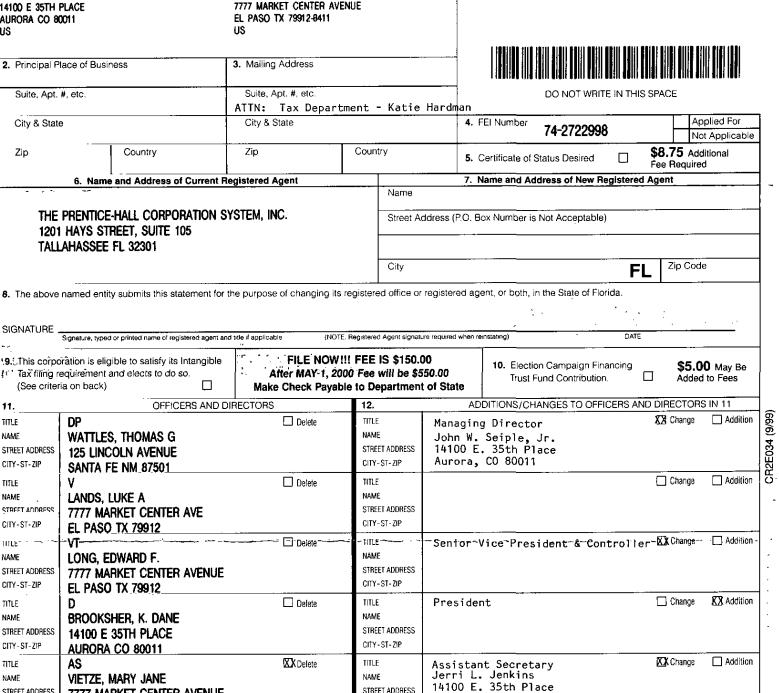
CITY-ST-ZIP

Name

Zip

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

05-13-2000 90007 013 ***150.00



SANTA FE NM 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:

City & State

Country

1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301

.9. This corporation is eligible to satisfy its Intangible

WATTLES, THOMAS G

125 LINCOLN AVENUE

7777 MARKET CENTER AVE

7777 MARKET CENTER AVENUE

7777 MARKET CENTER AVENUE

SANTA FE NM_87501

LANDS, LUKE A

EL PASO TX 79912

LONG, EDWARD F.

EL PASO TX 79912

BROOKSHER, K. DANE

14100 E 35TH PLACE

AURORA CO 80011

VIETZE, MARY JANE

EL PASO TX 79912

KLOPF, JEFFREY A.

125 LINCOLN AVENUE

AS

VAS

' Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TIT! F

NAME

TITLE NAME

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NAME

TITLE

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NAME

TITLE

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

Vice President R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(915) 877-3900

KX Change

Addition

Daytime Phone #