

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005566

FILED
May 16, 2008
Secretary of State

Entity Name: PROLOGIS DEVELOPMENT SERVICES INCORPORATED

Current Principal Place of Business:

4545 AIRPORT WAY
DENVER, CO 80239 US

New Principal Place of Business:

Current Mailing Address:

4545 AIRPORT WAY
ATTN: TAX DEPARTMENT
DENVER, CO 80239 US

New Mailing Address:

FEI Number: 74-2719062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SWARTZ, JEFFREY H
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: SVP () Delete
Name: MCCLUSKEY, EUGENE M
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: SEC () Delete
Name: NEKRITZ, EDWARD S
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: PRES () Delete
Name: RAKOWICH, WALTER C
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: MD () Delete
Name: RIZZO, JOHN R
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

Title: CFO () Delete
Name: SULLIVAN, WILLIAM
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVP (X) Change () Addition
Name: FINNIN, JEFFREY S
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

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

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: LINDSAY REIN

_____ Electronic Signature of Signing Officer or Director

ADMN

05/16/2008

_____ Date