

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91883 003 ***150.00

0655634 AT

DOCUMENT # F94000005566
1. Entity Name
PROLOGIS DEVELOPMENT SERVICES INCORPORATED



Principal Place of Business
**14100 E 35TH PLACE
AURORA CO 80011
US**

Mailing Address
**14100 E 35TH PLACE
C/O KATIE HARDMAN
AURORA CO 80011
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attn: Tax Department

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **74-2719062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	BROOKSHER, K DANE	
STREET ADDRESS	14100 E 35TH PLACE	
CITY-ST-ZIP	AURORA CO 80011	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	LANDS, LUKE A	
STREET ADDRESS	7777 MARKET CENTER AVENUE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	NEKRITZ, EDWARD S	
STREET ADDRESS	14100 E 35TH PLACE	
CITY-ST-ZIP	AURORA CO 80011	
TITLE	PCIO	<input type="checkbox"/> Delete
NAME	LYONS, IRVING F III	
STREET ADDRESS	47775 FREMONT BOULEVARD	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	MD	<input type="checkbox"/> Delete
NAME	RIZZO, JOHN R	
STREET ADDRESS	14100 E 35TH PLACE	
CITY-ST-ZIP	AURORA CO 80011	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SEIPLE, JOHN W 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **Edward S. Nekritz** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward S. Nekritz 4/29/03 303-375-9292
Date Daytime Phone #

CR2E034 (10/02)