FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90028 050 ***150.00

34500

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004330

1. Entity Name

BUCKHEAD INDUSTRIAL PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3424 Peachtree Rd., NE	Attn: Gail Knight 3424 Peachtree Rd., NE
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Atlanta, GA	City & State Atlanta, GA
Zip: 30326 Country: USA	Zip: 30326 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2189382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PCEO
NAME	CONWAY, EUGENE F
STREET ADDRESS	3424 PEACHTREE RD., NE STE 800
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	T
NAME	TODD, CANDICE W.
STREET ADDRESS	3424 PEACHTREE RD., NE STE 800
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	S
NAME	MCKEAN, THOMAS A
STREET ADDRESS	3424 PEACHTREE RD., NE STE 800
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	D
NAME	BOCHMANN, MAX F
STREET ADDRESS	2211 S YORK RD., #500
CITY-ST-ZIP	OAK BROOK, IL 60521
TITLE	D
NAME	NEWELL, JULIE
STREET ADDRESS	2211 S. YORK RD., #500
CITY-ST-ZIP	OAK BROOK, IL 60521
TITLE	D
NAME	NOVAK, JOHN L
STREET ADDRESS	2211 S. YORK RD., #500
CITY-ST-ZIP	OAK BROOK, IL 60521

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____ Thomas A. McKean 04/29/02 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #