

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90178 050 \*\*\*150.00

**DOCUMENT # F95000004330**

1. Entity Name  
**BUCKHEAD INDUSTRIAL PROPERTIES, INC.**



Principal Place of Business  
**3424 PEACHTREE RD., NE  
SUITE 800  
ATLANTA, GA 30326 US**

Mailing Address  
**34324 PEACHTRE RD NE  
SUITE 800  
ATLANTA, GA 30326 US**

40062913



2. Principal Place of Business

3. Mailing Address

04052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**58-2189382**

Applied For  
Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RAGHAVAN, JAYASHREE**  
STREET ADDRESS **440 SOUTH LASALLE STREET**  
CITY-ST-ZIP **CHICAGO, IL 60605**

TITLE **S** ☒ Delete  
NAME **MCKEAN, THOMAS**  
STREET ADDRESS **3424 PEACHTREE RD., NE STE 800**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE **D** ☐ Delete  
NAME **BOCHMAN, MAX**  
STREET ADDRESS **2211 SOUTH YORK ROAD #500**  
CITY-ST-ZIP **OAK BROOK, IL 60521**

TITLE **D** ☐ Delete  
NAME **NOVAK, JOHN L**  
STREET ADDRESS **2211 S. YORK ROAD #5000**  
CITY-ST-ZIP **OAK BROOK, IL 60521**

TITLE **D** ☐ Delete  
NAME **ROSS, W T**  
STREET ADDRESS **2211 S. YORK RD., #500**  
CITY-ST-ZIP **OAK BROOK, IL 60521**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☐ Addition  
NAME **GRIFFIN, PAMELA P.**  
STREET ADDRESS **3424 Peachtree Rd., NE**  
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE **T** ☐ Change ☐ Addition  
NAME **LATHEM, LORI Q.**  
STREET ADDRESS **3424 Peachtree Rd., NE**  
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Pamela P. Griffin* **Pamela P. Griffin** 4/18/06 404-846-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #