

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004638

1. Entity Name

PROLOGIS MANAGEMENT INCORPORATED

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

05-13-2000 90011 050 ***150.00

Principal Place of Business

Mailing Address

14100 E 35TH PL
AURORA CO 80011
US

7777 MARKET CENTER AVE
ATTN TAX DEPT
EL PASO TX 79912-8411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Tax Department - Katie Hardman

City & State

City & State

4. FEI Number

74-2820977

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCOO ☐ Delete
NAME BROOKSHER, K DANE
STREET ADDRESS 14100 E. 35TH PLACE
CITY-ST-ZIP AURORA CO 80011

TITLE Director, Chairman, CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CCID ☐ Delete
NAME LYONS, IRVING F
STREET ADDRESS 47775 FREMONT BLVD
CITY-ST-ZIP FREMONT CA 94538

TITLE President, Chief Investment Officer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☒ Delete
NAME WATTLES, THOMAS G
STREET ADDRESS 125 LINCOLN AVE
CITY-ST-ZIP SANTA FE NM 87501

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

TITLE MD ☐ Delete
NAME WATSON, ROBERT J
STREET ADDRESS 14100 E. 35TH PLACE
CITY-ST-ZIP AURORA CO 80011

TITLE Chief Operating Officer ☐ Change ☒ Addition
NAME Capronilaan 25-27
STREET ADDRESS 1119 NP Schiphol-Rijk
CITY-ST-ZIP Amsterdam, The Netherlands

TITLE MD ☐ Delete
NAME SCHWARTZ, JEFFREY H
STREET ADDRESS 14100 E. 35TH PLACE
CITY-ST-ZIP AURORA CO 80011

TITLE Vice President ☒ Change ☐ Addition
NAME Capronilaan 25-27
STREET ADDRESS 1119 NP Schiphol-Rijk
CITY-ST-ZIP Amsterdam, The Netherlands

TITLE SV ☐ Delete
NAME ANDERSON, NED K
STREET ADDRESS 47775 FREMONT BOULEVARD
CITY-ST-ZIP FREMONT CA 94538

TITLE Managing Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

(915)877-3900

CR2E034 (9/99)