2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # F9700006243 1. Entity Name MARYLAND AMB PROPERTY CORPORATION | | | | | | | | | | FIL OUFEBI | 8 PM 12: | 20 TATE ORIDA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|-------------|---------------------|----------------|---------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|------------|---------------|-----------------------------------|---------------------|
| Principal Place PIER BAY 1 SAN FRANCISC | | ailing Address IER BAY 1 AN FRANCISCO, CA 94111 | | | | OLFEB 18 PM 12: 20 OLFEB 18 PM 12: 20 SECRETARY STATE A TALLAHASSEE. FLORIDA | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | 9) ((|
| Suite, Apt. #, etc. | | | Sui | Suite, Apt. #, etc. | | | | 02032004 | Chg-P | CR2E0 | 34 (10/03) | lied For |
| City & State | | | Cit | City & State | | | - ' | 4. FEI Numbe 94-3281 | | | Not | Applicable |
| Zip | Country | | | Zip Coun | | ntry | | Certificate of Status Desired Name and Address of New Registered | | | \$8.75 Additional Fee Required | |
| | 6. Name | and Address of Curre | nt Register | stered Agent Name | | | | 7. Name and Address of New negistered Agent | | | | |
| CORPORA 1201 HAYS | | | Street Addr | D. Box Numbe | r is Not Accep | table) | | | | | | |
| TALLAHASSEE, FL 32301 | | | | | | | | | | | | |
| | | | | | | City | 1 | | | FL | | |
| 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 | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 NOTE: Registered Agent signal Printed Indiana | | | | | | | \$5.0 | 0 May Be i to Fees | | | | |
| 10. | | OFFICERS AF | ND DIRECT | | 11 | | | ADDITIONS/ | CHANGES TO | OFFICERS AN | D DIRECTORS Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | PIER 1 B | DAM, HAMID R AY 1 NCISCO, CA 94111 | | ☐ Delete | NA St | ile .ME Reet address TY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAIRD, V PIER 1 B SAN FRA | TLE MME REET ADDRESS TY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PIER 1 B | NICHAEL A NAY 1 ANCISCO, CA 94111 | | ☐ Delete | N/ ST | TLE AME TREET ADDRESS TY-ST-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV FRIES, D PIER 1 B | DAVID S | <u></u> | ☐ Delete | N. | TLE AME TREET ADDRESS ITY-ST-ZIP | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BROWN PIER 1 E | E, TAMRA D | | ☐ Delete | N S | ITLE AME TREET ADDRESS ITY-ST-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SANFR | BAY 1 ANCISCO, CA 9411 | 1 | Delete | N S | ITLE IAME ITREET ADDRESS EITY-ST-ZIP | | | | | Change | Addition |
| 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 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 employered 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 a paddess, with all other like empowered. | | | | | | | | | | | | |
| SIGNATURE: Michael A. Coke, CFO & Treasurer 2/3/2004 (415) 394-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proce # | | | | | | | | | | | | |

-