CT CORPORATION SYSTEM

CORPORATION(S) NAME

CORPORATION SYSTEM

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ProLogis Equipment Service	s, LLC		.: <del></del>
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W.P. Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of foreign limited liability company)
• 1	Delaware 3. 34-1922601
(.	urisdiction under the law of which foreign limited liability (FEI number, if applicable) umpany is organized)
	04/20/00 5 Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
_	April 1, 2001
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
٠.	801 Richards Road, Toledo, OH 43607
	(Street address of principal office)
•	f limited liability company is a manager-managed company, check here
. '	The usual business addresses of the managing members or managers are as follows:
	Dana Commercial Credit Corporation
	1801 Richards Road, Toledo, Ohio 43402
	OH 4

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability	y Company is:	
ProLogis Equipment Services LLC		
2. The name and the Florida street a	address of the registered agent and office are:	
C T Corporation System	ı	
	(Name)	2
c/o C T Corporation System, 1200 South Pine Island Road  Florida street address (P.O. Box_NOT ACCEPTABLE)		APPRO FIL MIC 27 AHASS
Plantation	FL 33324 City/State/Zip	PM 3: 29 FG. STATE FE. FI ORID
liability company at the place designat agent and agree to act in this capacity. relating to the proper and complete per	at and to accept service of process for the above states ted in this certificate, I hereby accept the appointmen. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and a d agent as provided for in Chapter 608, F.S	t as registered I statutes

CT Corporation System

Gharlotte Rened Cruz, Asst. Becrejary

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLOGIS EQUIPMENT SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

OI AUG 27 PM 3: 29
SECRETARY OF STATE



Darriet Smith Windson, Secretary of State

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AUTHENTICATION: 1310522

DATE: 08-23-01