

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 033 ****50.00

DOCUMENT # M01000001955

1. Entity Name
PROLOGIS EQUIPMENT SERVICES LLC



Principal Place of Business
**1480 FORD STREET
 MAUMEE, OH 43537**

Mailing Address
**1480 FORD STREET
 MAUMEE, OH 43537**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
34-1922601

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 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.

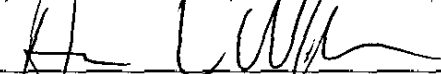
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGLETON, PAUL C 14100 EAST 35TH PLACE AURORA, CO 80011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEIPLE, JOHN W JR 14100 EAST 35TH PLACE AURORA, CO 80011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seiple, John W Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14100 East 35th Place Aurora, Co 80011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNARD, NEAL B 1801 RICHARDS RD. TOLEDO, OH 43607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Letitia D Marth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1480 Ford St Maumee, Oh 43537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BISHOP, PAUL J 1801 RICHARDS ROAD TOLEDO, OH 43607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Bishop, Paul J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Dorr Street Toledo, Oh 43615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULAWA, TERESA 1801 RICHARDS RD. TOLEDO, OH 43607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mulawa, Teresa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1480 Ford St Maumee, Oh 43537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON; DEAN L 660 BEAVERCREEK CIRCLE TOLEDO, OH 43537 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wilson, Dean L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1480 Ford St Maumee, Oh 43537

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/21/04** **(419)897-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #