


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90372 008 ***150.00

DOCUMENT # P03000077843	
1. Entity Name CENTERPOINT PROPERTIES, INC.	

Principal Place of Business P.O. BOX 495 PALM HARBOR FL 34682-0495	Mailing Address P.O. BOX 495 PALM HARBOR FL 34682-0495
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2. Principal Place of Business 1857 STANCEL DR	3. Mailing Address 1857 STANCEL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Zip 33764
Country	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 20-0153189		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COWART, MICHAEL D. 338 LANE CREST COURT WESTON FL 33326		7. Name and Address of New Registered Agent Name COWART, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 338 LAKE CREST COURT City WESTON FL Zip Code 33326

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 *Michael D. Cowart* **MICHAEL D. COWART** 3/29/05
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWART, MICHAEL D P.O. BOX 495 PALM HARBOR FL 34682-0495 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWART, MICHAEL D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1857 STANCEL DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COWART, DEBORAH J P.O. BOX 495 PALM HARBOR FL 34682-0495 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COWART, DEBORAH J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1857 STANCEL DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Michael D. Cowart* **MICHAEL D. COWART** 03/29/05 9545477998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #