

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0573948 AT

DOCUMENT # P94000079034

1. Entity Name
PRISAREIT, INC.

04-11-2002 90699 012 ***150.00

Principal Place of Business C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY NJ 07054 US	Mailing Address C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY NJ 07054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0534345		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADFORD, DAVID			NAME	Michael J. Tyre		
STREET ADDRESS	8 CAMPUS DR			STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, CHARLES			NAME	Thomas Hwang		
STREET ADDRESS	2 RAVINIA DR ST 1400			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, THOMAS G			NAME			
STREET ADDRESS	2 RAVINIA DRIVE, SUITE 1400			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30346			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRIOE, EDWIN			NAME			
STREET ADDRESS	8 CAMPUS DR			STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, J. ALLEN			NAME			
STREET ADDRESS	8 CAMPUS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANKLIN, GREGORY D			NAME			
STREET ADDRESS	8 CAMPUS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			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: **Gregory D. Shanklin** **March 29, 2002** **973-734-1495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)