

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003650

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC3428421905**

**Entity Name:** PROLOGIS MANAGEMENT LLC

**Current Principal Place of Business:**

PIER ONE, BAY ONE  
SAN FRANCISCO, CA 94111

**Current Mailing Address:**

PIER ONE, BAY ONE  
SAN FRANCISCO, CA 94111

**FEI Number:** 74-2820977

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, MEM  
Name           PROLOGIS  
Address        PIER ONE, BAY ONE  
City-State-Zip: SAN FRANCISCO CA 94111

Title           INDIVIDUAL MANAGER  
Name           GREGORY, SCOTT  
Address        300 SOUTH ORANGE AVENUE  
                  SUITE 1110  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T. BLAIR

**MANAGING  
DIRECTOR/ASSISTANT  
SECRETARY**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date