

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0576552 AT

**DOCUMENT # F01000004638**  
 1. Entity Name  
**PROLOGIS INDUSTRIAL PROPERTIES III INCORPORATED**

03-05-2002 90147 018 \*\*\*150.00

Principal Place of Business      Mailing Address  
**400 WEST MAIN STREET, SUITE 338**      **400 WEST MAIN STREET, SUITE 338**  
**BABYLON NY 11702**      **BABYLON NY 11702**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**445 Broadhollow Road**      **Same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 224**  
 City & State      City & State  
**Melville NY**  
 Zip      Country      Zip      Country  
**11747**      **U.S.A.**

4. FEI Number      Applied For  
**51-0412173**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC.**  
**3953 W.W. KELLEY ROAD**  
**TALLAHASSEE FL 32311**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | PT                               | <input type="checkbox"/> Delete |
| NAME           | STIDD, ANDREW L                  |                                 |
| STREET ADDRESS | 400 WEST MAIN STREET, SUITE 338  |                                 |
| CITY-ST-ZIP    | BABYLON NY 11702                 |                                 |
| TITLE          | V                                | <input type="checkbox"/> Delete |
| NAME           | BILOTTA, FRANK B                 |                                 |
| STREET ADDRESS | 114 WEST 47TH STREET, SUITE 1715 |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10036                |                                 |
| TITLE          | AS                               | <input type="checkbox"/> Delete |
| NAME           | ANGELO, BERNARD J                |                                 |
| STREET ADDRESS | 400 WEST MAIN STREET, SUITE 338  |                                 |
| CITY-ST-ZIP    | BABYLON NY 11702                 |                                 |
| TITLE          | 3                                | <input type="checkbox"/> Delete |
| NAME           | BURT, CHRISTOPHER T              |                                 |
| STREET ADDRESS | 114 WEST 47TH STREET, SUITE 1715 |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10036                |                                 |
| TITLE          | D                                | <input type="checkbox"/> Delete |
| NAME           | TAYLOR, DAVID O                  |                                 |
| STREET ADDRESS | 114 WEST 47TH STREET, SUITE 1715 |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10036                |                                 |
| TITLE          | D                                | <input type="checkbox"/> Delete |
| NAME           | WONG, TONY                       |                                 |
| STREET ADDRESS | 114 WEST 47TH STREET, SUITE 1715 |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10036                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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: Andrew L. Stidd      **Andrew L. Stidd**      **President**      2/8/02      631 587 4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)