

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Natalia B. Mariani
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39139** (1)

PACIFIC INDUSTRIAL PROPERTIES, INC.

Principal Place of Business: 1700 PACIFIC AVENUE, SUITE 2720, DALLAS TX 75201
Mailing Address: 1700 PACIFIC AVENUE, SUITE 2720, DALLAS TX 75201

2. Principal Place of Business: 21. Mailing Address: 26.
22. State of Incorporation: 27.
23. Date of Incorporation: 28.
24. 25. 29. 30.

3. Date of Incorporation (Quarter): 06/05/1992 3a. Date of Last Report: 05/13/1994
4. File Number: 75-2397385
5. Certificate of Status (Request): \$8.75 Additional Fee Required
6. Extension Certificate (Request): \$5.00 May Be Added to Fees
7. This corporation is not subject to international taxation: No Yes

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

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (If a Box Registration Not Acceptable):
83.
84. City, State, and ZIP Code: FL 85.

11. I, the undersigned, the president, secretary, treasurer, or a director of the corporation, hereby certify that the information supplied with this report is true and correct, and that the information is true and correct as of the date of the report and as of the date of filing of this report. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

12. PD
NAME: BROUN, ROBERT C.
ADDRESS: 1700 PACIFIC AVE., #2720, DALLAS TX
VST
NAME: SCHUMAKE, STEVEN W.
ADDRESS: 1700 PACIFIC AVE., #2720, DALLAS TX
D
NAME: SCHUMAKE, STEVEN W.
ADDRESS: 1700 PACIFIC AVE., #2720, DALLAS TX

13. ANNUAL REPORT OF REGISTERED AGENT AND SECRETARY
1. NAME: [] Change [] Add
2. NAME: [] Change [] Add
3. NAME: [] Change [] Add
4. NAME: [] Change [] Add
5. NAME: [] Change [] Add
6. NAME: [] Change [] Add
7. NAME: [] Change [] Add
8. NAME: [] Change [] Add
9. NAME: [] Change [] Add
10. NAME: [] Change [] Add

14. I, the undersigned, hereby certify that the information supplied with this report is true and correct, and that the information is true and correct as of the date of the report and as of the date of filing of this report. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 714 9790940