

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P39139 (1)**

1. Corporation Name  
**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**

3. Date Incorporated or Qualified: **06/05/1992**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **75-2397385**  
 Applied for:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc	22 City & State	26 Suite, Apt #, etc	27 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE: \_\_\_\_\_ (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when first starting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROUN, ROBERT C.</b>	12 NAME	
STREET ADDRESS	<b>1700 PACIFIC AVE., #2720</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	14 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMAKE, STEVEN W.</b>	22 NAME	
STREET ADDRESS	<b>1700 PACIFIC AVE., #2720</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMAKE, STEVEN W.</b>	32 NAME	
STREET ADDRESS	<b>1700 PACIFIC AVE., #2720</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE: *[Signature]* **6.14.96 (214) 979 0940**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)