

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID R602396	EMPLOYER NAME PROLOGIS			
ADDRESS Pier 1	CITY/TOWN SAN FRANCISCO	STATE CA	ZIP CODE 94111	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
943281941

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	1	0	67	0	2	0	0	0	16	0	3	0	0	0	89
First/Mid-Level Officials and Managers	32	27	259	14	25	1	0	9	167	8	25	1	1	3	572
Professionals	13	47	119	7	28	0	1	4	152	14	31	0	0	10	426
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	2	23	1	0	0	0	2	3	0	0	0	0	1	33
Administrative Support Workers	6	60	25	1	3	0	1	119	24	13	1	1	1	9	263
Craft Workers	27	0	58	7	2	1	0	4	0	0	0	0	0	0	99
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	80	136	551	30	60	2	1	20	457	46	72	2	2	23	1482
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/16/2022 - 12/30/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
R602396

EMPLOYER NAME
PROLOGIS

ADDRESS

Pier 1

CITY/TOWN

SAN FRANCISCO

STATE

CA

ZIP CODE

94111

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

11/28/2023 7:02 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Robert Vereschagin

Title of Certifying Official

SVP, Human Resource

Email Address of Certifying Official

BVereschagin@prologis.com

Telephone Number of Certifying Official

415-733-9505

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Robert Vereschagin

Title and Employer of Primary POC

SVP, Human Resource
Prologis

Email Address of Primary POC

BVereschagin@prologis.com

Telephone Number of Primary POC

415-733-9505