

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # F95000006132 (3)

1. Corporation Name

LIBERTY PROPERTY DEVELOPMENT CORP.



Principal Place of Business	Mailing Address
65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355	65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report
4. FLI Number 23-2790437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

(NONE) Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNY, JOSEPH P	1.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGDON, GEORGE F	2.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LESLIE R	3.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBURGER, GEORGE J JR	4.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, WILLARD G	5.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, FREDERICK	6.2 NAME	
STREET ADDRESS	1735 MARKET ST., STE. 4200	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George J. Alburger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

DAY

DATE/TIME PRINTED

CR2E034 (12/95)