

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG -8 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006132 (3)
1. Corporation Name
LIBERTY PROPERTY DEVELOPMENT CORP.

Principal Place of Business 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355	Mailing Address 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 03/05/1996
4. FEI Number 23-2790437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DENNY, JOSEPH P	
STREET ADDRESS	65 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONGDON, GEORGE F	
STREET ADDRESS	65 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRICE, LESLIE R	
STREET ADDRESS	65 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALBURGER, GEORGE J JR	
STREET ADDRESS	65 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROUSE, WILLARD G	
STREET ADDRESS	65 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHHOLZ, FREDERICK	
STREET ADDRESS	1735 MARKET ST., STE. 4200	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002262059-6
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S BOWES, JAMES J
3.3 STREET ADDRESS	65 VALLEY STREAM PKWY
3.4 CITY-ST-ZIP	MALVERN PA 19355
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

A. Allen
8/8/97

14. I do 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 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: *Joseph P. Denny* **8/7/97** **610-648-1715**

CR2E034 (4/97)



ACCOUNT NO. : 072100000032
 REFERENCE : 490593 4804484
 AUTHORIZATION : *Patricia Pzyt*
 COST LIMIT : \$ 558.75

ORDER DATE : August 8, 1997
 ORDER TIME : 10:56 AM
 ORDER NO. : 490593-010
 CUSTOMER NO: 4804484
 CUSTOMER: Ms. Bonnie Sander
 Wolf Block Schorr And
 Corporate Services Dept
 Packard Building, 2nd Floor
 Philadelphia, PA 19102

ANNUAL REPORT FILING

NAME: LIBERTY PROPERTY DEVELOPMENT CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

A. Alan
8/8/97

DIVISION OF CORPORATION

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RECEIVED