

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2790437	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONGDON, GEORGE F		2.2 NAME	Robert E. Fenza	
STREET ADDRESS	65 VALLEY STREAM PKWY		2.3 STREET ADDRESS	65 Valley Stream Parkway	
CITY-ST-ZIP	MALVERN PA 19355		2.4 CITY-ST-ZIP	Malvern, PA 19355	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWES, JAMES J		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 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: *[Signature]* **REQUIRED** 9/14/98

CR2E034 (5/98)