2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015069 04-17-2002 90023 025 ****50.00 DUKE-PARCEL C5, L.L.C. Principal Place of Business U U U U U U Mailing Address 600 EAST 96TH ST., STE. 100 3950 SHACKLEFORD RD., STE, 300 INDIANAPOLIS IN 46240 DULUTH GA 30096 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2653287 Not Applicable Zlp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MBR TITLE TITI F <u>6</u> ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS Duke Realty Limited Partnersh STREET ADDRESS **CR2E083** 3950 Shackleford Rd., Ste.300 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Сталов ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am a managing member or manager of the limited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

By: Duke Realty Corporation, of Duke Realty Limited Partnership, sole partner member of Duk

TITLE

MALLE

STREET ADORESS

Saskin Sec

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Calete

770-717-3200

☐ Change

Addition

FILED May 24, 2002 8:00 am Secretary of State