

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001009

Entity Name: DUKE REALTY SERVICES, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

600 EAST 96TH STREET, SUITE 100
INDIANAPOLIS, IN 46240

New Principal Place of Business:

Current Mailing Address:

600 EAST 96TH STREET, SUITE 100
INDIANAPOLIS, IN 46240

New Mailing Address:

600 EAST 96TH STREET, SUITE 100
ATTN: LEGAL DEPT.
INDIANAPOLIS, IN 46240

FEI Number: 32-0134006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUKE REALTY CORPORATION
Address: 600 EAST 96TH STREET, SUITE 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MEMB (X) Delete
Name: PERRY, TIMOTHY J SLR
Address: 2400 NORTH COMMERCE PARKWAY, SUITE 405
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUKE REALTY CORPORATION
Address: 600 EAST 96TH STREET, SUITE 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANN COLUSSI DEE

SVP

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date