## FOZOGOGOGOGOS

| TO: Registration Section Division of Corporations  |            |
|--|------------|
| SUBJECT: Suburban Campus Properties, Inc (Name of corporation-must include suffix)   |            |
| (Name of corporation - must include suffix)  |            |
| Dear Sir or Madam:   |            |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. |            |
| Please return all correspondence concerning this matter to the following:  |            |
| James Baldini  |            |
| (Name of Person)   |            |
| Suburban Campus Properties, Inc. (Firm/Company)  |            |
| (Firm/Company)   |            |
| _ 607 North Ave #14  |            |
| (Address)  |            |
| Wakefield MA 01880   |            |
| (City/State and Zip code)  | i          |
| 500004952915<br>-02/19/0201032005  | <b></b> }} |
| For further information concerning this matter, please call:   | 00         |
| Art at (781) 246 5600  |            |
| (Name of Person) (Area Code & Daytime Telephone Number)  | - '        |
| SEC ALL  |            |
|  |            |
| STREET ADDRESS: MAILING ADDRESS:   |            |
| Registration Section Registration Section  |            |
| Division of Corporations  Division of Corporations  P.O. Box 6327  |            |
| Tallahassee, FL 32399  P.O. Box 6327  Tallahassee, FL 32314  |            |
| Enclosed is a check for the following amount:  | ~<br>~     |
|  |            |
| \$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, \$\Bigcup \\$Certificate of Status & Certified Copy Certified Copy   | 2          |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.   |
|---|
| Subjection Council Donation Tino  |
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)   |
| 2. Massachusetts 3. 04-3102793 (State or country under the law of which it is incorporated) (FEI number, if applicable)   |
|   |
| 4. 10/26/90 5. Perfect a   (Duration: Year corp. will cease to exist or "perpetual")  |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
| 6. 7/0/   |
| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)   |
| 7. 607 North Ave #14 Wakefield MA 0(880 (Principal office address)  |
| (Principal office address)  |
| Same  |
| (Current mailing address)   |
| 8. Property Management  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)   |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)   |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  |
| Name: Richard Dungey  Office Address: 1100 S. Federal Hwy  Stuget T, Florida 34/994  (City)  Name: Richard Dungey  ARE TO THE STATE OF |
| Name: Richard Dungey  Office Address: 1100 S. Federal Huy  Stuget Tools (City)  Florida 34/994  (Zip code)  |
| Stugrt , Florida 34/994 55 8  |
| (City) (Zip code) SH O  |
| 10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place  |
| designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.  I<br>further agree to comply with the provisions of all statutes relative to the proper and complete performance of my<br>duties, and I am familiar with and accept the obligations of my position as registered agent.   |
| Inhad Dungen  |
| (Registered agent's signature)  |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

|             | siness addresses of officers and/or director   | S: |  |
|-------------|--|----|--|
| DIRECTORS   |  | •  |  |
| irman:      | ·  |    |  |
| iress:      |  |    | •                                      |
|             |  |    |  |
| e Chairman: |  |    |  |
|             |  |    |  |
|             |  |    |  |
| ector:      | ames Baldini                                   |    |  |
| iress: 600  | N Ave #14                                      |    |  |
| W           | ames Baldini<br>N Ave #14<br>akefield MA 01880 |    |  |
|             |  |    |  |
|             |  |    | —————————————————————————————————————— |
| TIESS:      |  |    |  |
|             |  |    | \$185 WEY                              |
| OFFICERS    |  |    | •                                      |
| sident: Ja  | mes Baldini                                    | ·  | <u> </u>                               |
| ress:       | 2 N- ave #14                                   |    |  |
| $-\omega$   | ake field MA 01880                             |    | TAR IS                                 |
|             |  |    | EFOR PROD                              |
|             |  |    | LOFA &                                 |
|             |  |    | <del>- 8 - 9</del>                     |
|             | -  |    |  |
|             |  |    |  |
|             |  |    |  |
| ress:       |  |    |  |
| ress:       |  |    |  |

(Typed or printed name and capacity of person signing application)



## The Commonwealth of Massachusetts

Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

January 25, 2002

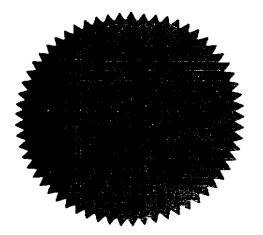
TO WHOM IT MAY CONCERN:

I hereby certify that

## SUBURBAN CAMPUS PROPERTIES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on October 25, 1990.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

\*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.