Electronic Signature of Signing General Partner Detail

2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B1300000294

Entity Name: VENTAS REALTY CAPITAL HEALTHCARE TRUST OPERATING PARTNERSHIP, L.P.

Current Principal Place of Business:

10350 ORMSBY PARK PL SUITE 300 LOUISVILLE, KY 40223

Current Mailing Address:

10350 ORMSBY PARK PL SUITE 300 LOUISVILLE, KY 40223 US

FEI Number: 27-3306526

Name and Address of Current Registered Agent:

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

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

General Partner Detail :

 Document #

 Name
 STRIPE SUB, LLC

 Address
 10350 ORMSBY PARK PL STE 300

 City-State-Zip:
 LOUISVILLE KY 40223

I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN K. WOOD

VP, SECRETARY & TREASURER

05/13/2015

FILED
May 13, 2015
Secretary of State
CC9636447621

Certificate of Status Desired: No

Date