

2017 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

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FILED
Apr 23, 2017
Secretary of State
CC7830608631

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

Current Principal Place of Business:

500 NORTH HURSTBOURNE PARKWAY
SUITE 200
LOUISVILLE, KY 40222

Current Mailing Address:

500 NORTH HURSTBOURNE PARKWAY
SUITE 200
LOUISVILLE, KY 40222 US

FEI Number: 27-3306526

Certificate of Status Desired: No

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

Date

General Partner Detail :

Document #

Name STRIPE SUB, LLC

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 200

City-State-Zip: LOUISVILLE KY 40222

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: DANA J. BAKER

SECRETARY OF GP

04/23/2017

Electronic Signature of Signing General Partner Detail

Date