

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000006132

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC3632810121**

**Entity Name:** LIBERTY PROPERTY DEVELOPMENT CORP.

**Current Principal Place of Business:**

500 CHESTERFIELD PARKWAY  
MALVERN, PA 19355

**Current Mailing Address:**

500 CHESTERFIELD PARKWAY  
MALVERN, PA 19355

**FEI Number:** 23-2790437

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title	COO	Title	SECRETARY/ GENERAL COUNSEL
Name	FENZA, ROBERT E.	Name	HERMAN, FALA C
Address	500 CHESTERFIELD PARKWAY	Address	500 CHESTERFIELD PARKWAY
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355
Title	CEO/DIRECTOR	Title	EVP/CIO
Name	HANKOWSKY, WILLIAM P	Name	HAGAN, MICHAEL T
Address	500 CHESTERFIELD PARKWAY	Address	500 CHESTERFIELD PARKWAY
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355
Title	DIRECTOR	Title	DIRECTOR
Name	BUCHHOLZ, FREDERICK F.	Name	DIETZE, KATHERINE E
Address	C/O LIBERTY PROPERTY TRUST 500 CHESTERFIELD PARKWAY	Address	C/O LIBERTY PROPERTY TRUST 500 CHESTERFIELD PARKWAY
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355
Title	DIRECTOR	Title	DIRECTOR
Name	GARTON, DANIEL P.	Name	LACHMAN, M. LEANNE
Address	C/O LIBERTY PROPERTY TRUST 500 CHESTERFIELD PARKWAY	Address	C/O LIBERTY PROPERTY TRUST 500 CHESTERFIELD PARKWAY
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T. HAGAN

**CIO**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LINGERFELT, DAVID L  
Address C/O LIBERTY PROPERTY TRUST  
500 CHESTERFIELD PARKWAY  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name DELOACH, THOMAS C.  
Address 500 CHESTERFIELD PARKWAY  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name STEINOUR, STEPHEN D.  
Address C/O LIBERTY PROPERTY TRUST  
500 CHESTERFIELD PARKWAY  
City-State-Zip: MALVERN PA 19355