

BOY000000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

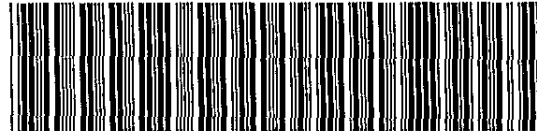
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TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

[Handwritten signature]



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 502630 5141422

AUTHORIZATION :

COST LIMIT : \$ 1837.50

Patricia Pizuto

FILED
04 MAR 18 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 17, 2004

ORDER TIME : 10:28 AM

ORDER NO. : 502630-010

CUSTOMER NO: 5141422

CUSTOMER: Christin Farr
Keystone Property Trust
200 Four Falls, Suite 208

West Conshohock, PA 19428

FOREIGN FILINGS

NAME: KEYSTONE OPERATING
PARTNERSHIP, L.P.

*File
2nd*

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

*Client has a
closing on Friday
if there is any
way you can, please can
I have them back*

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. KEYSTONE OPERATING PARTNERSHIP, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

3. DELAWARE 4. NOVEMBER 3, 1993
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

By: Jeanine Reynolds
Corporation Service Company as its agent
(Agent must sign on this line)

8. 2711 CENTERVILLE ROAD, SUITE 400, WILMINGTON, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

KEYSTONE PROPERTY TRUST, 200 FOUR FALLS SUITE 208, WEST CONSHOHOCKEN, PA 19428

0040000000016

10. 200 FOUR FALLS SUITE 208, WEST CONSHOHOCKEN, PA 19428
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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SECRETARY OF STATE

12,200 FOUR FALLS SUITE 208, WEST CONSHOHOCKEN, PA 19428

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1ST day of MARCH, 2004

Kaysone Property Trust
By: *Saul A. Behar*
Saul A. Behar, General Partner

STATE OF PENNSYLVANIA

COUNTY OF MONTGOMERY

On this 1ST day of MARCH, 2004

SAUL A. BEHAR, personally appeared before me,

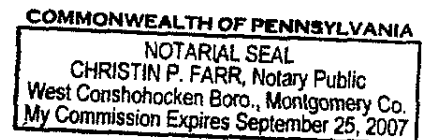
☒ who is personally known to me

☐ whose identity I proved on the basis of

Christin P. Farr
(Notary Public Signature)

CHRISTIN P. FARR

(Notary's Printed Name)



Seal

My Commission Expires: SEPTEMBER 25, 2007

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared SAUL A. BEHAR, SVP OF KEYSTONE PROPERTY TRUST
a general partner of KEYSTONE OPERATING PARTNERSHIP, L.P., a (an) DELAWARE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 525 million.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 60 million.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1ST day of MARCH, 2004

KeyStone Property Trust
By: Saul A. Behar, SVP
General Partner

STATE OF PENNSYLVANIA

COUNTY OF MONTGOMERY

On this 1ST day of MARCH, 2004

Saul A. Behar, personally appeared before me,

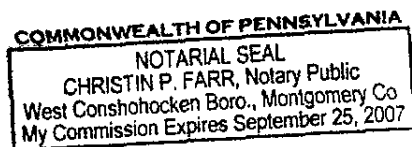
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Christin P. Farr
(Notary Public Signature)

CHRISTIN P. FARR

(Notary's Printed Name)



Seal

My Commission Expires: SEPTEMBER 25, 2007