

B97000000316

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2033142-17
(Sub Account)

DATE: 2-20-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: EOP OPERATING LIMITED PARTNERSHIP

DOCUMENT NUMBER:
(if applicable)

File ^{Registered} ^{Agent} name change ~~one~~

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)

☐ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

400004961554--1

☐ Call When Ready
☒ Walk In
☒ Mail Out

☐ Call if Problem
☐ Will Wait

☐ After 4:00
☐ Pick Up

FILED
02 FEB 20 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 FEB 20 PM 12:09
DIVISION OF CORPORATION

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EOP OPERATING LIMITED PARTNERSHIP

Name of the limited partnership

2. 06/19/1997

Date of filing/registration in Florida

3. B97000000316

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

5. The name and address of the new registered agent and/or office:

LEXIS Document Services Inc.

Name

3953 W.W. Kelley Road

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32311

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

x Brooke Kenevan

Signature of General Partner

Brooke Kenevan, Vice Pres. for EQUITY OFFICE PROPERTIES TRUST, a Maryland real estate investment trust, General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Anthony E. Mackay, ant sec, Lexis

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

FILED
02 FEB 20 PM 1:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE