

B99000000061



ACCOUNT NO. : 072100000032

REFERENCE : 816148 4354889

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pigato

ORDER DATE : August 30, 2000

ORDER TIME : 12:08 PM

ORDER NO. : 816148-005

900003392019--1

CUSTOMER NO: 4354889

CUSTOMER: Ms. Christine Hebert
Cabot Industrial Trust
2 Center Plaza
Ste. 200
Boston, MA 021081906

CHANGE OF AGENT

NAME: CABOT INDUSTRIAL PROPERTIES OF
DELAWARE, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 13 PM 4:50

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

(2)

CONTACT PERSON: Tamara Odom

RECEIVED
00 SEP 13 PM 12:58
TALLAHASSEE
DIVISION OF CORPORATIONS
SECRETARY OF STATE
FLORIDA

Handwritten initials and date: 9/13

**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. CABOT INDUSTRIAL PROPERTIES OF DELAWARE, LIMITED PARTNERSHIP
Name of the limited partnership

2. February 5, 1999
Date of filing/registration in Florida

3. B990000000061
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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee, FL 32301

City, State and Zip

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

X *Robert L. Parolisi*
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.

By: *Timothy J. O'Brien* *Att. V.P.*
Signature of Registered Agent *Timothy J. O'Brien*

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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