

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000220

1. Entity Name

Duke Realty Services Limited Partnership

FILED  
00 JUN 15 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 8888 Keystone Crossing Suite 1200 Indianapolis, IN 46240	Mailing Address 8888 Keystone Crossing Suite 1200 Indianapolis, IN 46240
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4497 Park Drive Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State Norcross, GA 30093	4. FEI Number 35-1898426	Applied For <input type="checkbox"/> Not Applicable
Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F990000002967
NAME	Duke Services, Inc.
STREET ADDRESS	8888 Keystone Crossing, Suite 1200
CITY-ST-ZIP	Indianapolis, IN 46240
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700003300417--0 -06/22/00-01011-025 ***926.25 ***926.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. By: Duke Services, Inc., its General Partner

SIGNATURE: John R. Gaskin John R. Gaskin, Sec. 6/9/00 660-638-2610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #