

D98000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

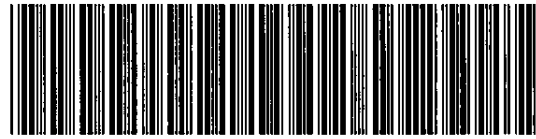
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV 15 PM 8:13

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12 NOV 15 AM 10:49

RECEIVED  
DEPARTMENT OF STATE

*Declarator of Trust*  
2/12/12  
NOV 15 2012  
T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 419698 4305026  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$35.00

ORDER DATE : November 12, 2012  
ORDER TIME : 6:01 PM  
ORDER NO. : 419698-280  
CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: HPTSHC PROPERTIES TRUST

XX TRUST  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: \_\_\_\_\_

TRUST  
**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

HPTSHC Properties Trust

(Name of Corporation)  
Trust

D98000000018

(Document Number of Corporation (if known))  
Trust

Maryland

(Incorporated Under Laws of)  
Organized

<sup>trust</sup>  
This ~~corporation~~ is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

<sup>trust</sup>  
This ~~corporation~~ revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the <sup>trust</sup> ~~corporation~~:

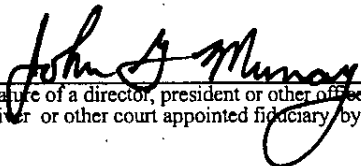
Two Newton Place, 255 Washington Street, Suite 300

(Mailing Address)

Newton, MA 02458

(City/ State /Zip)

<sup>trust</sup>  
The ~~corporation~~ agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary)

John G. Murray

(Typed or printed name of person signing)

October 24, 2012  
(Date)

President

(Title of person signing)

FILING FEE \$35

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA  
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