

D98000000042

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

REGISTERED AGENT CHANGE

ARCHSTONE-SMITH OPERATING TRUST

Certificate of Status	0
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PC

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR TRUSTS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a Trust organized under the laws of the State of
Maryland in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the Trust : Archstone-Smith Operating Trust
2. The principal office address: 125 Lincoln Avenue, Santa Fe, NM 87501
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/29/1998 Document number: D98000000042

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

The Prentice-Hall Corporation System, Inc.

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Christen Vinnola

(Signature of an officer, chairman or vice chairman of the board)

Christen Vinnola, Vice President

(Printed or typed name and title)

*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 obligation 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 corporation has been notified in writing of this change.*

C T Corporation System

By: Connie Bryan

(Signature of Registered Agent)

March 8, 2004

(Date)

If signing on behalf of an entity:

CONNIE BRYAN

(Typed or Printed Name)

Special Asst. Secy.

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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