

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003596

FILED
May 04, 2010
Secretary of State

Entity Name: QUALITY PROPERTIES ASSET MANAGEMENT COMPANY

Current Principal Place of Business:

135 SOUTH LASALLE STREET
CHICAGO, IL 60603

New Principal Place of Business:

135 S. LASALLE ST., STE. 925
CHICAGO, IL 60603

Current Mailing Address:

100 SOUTH CHARLES STREET
3RD FLOOR
BALTIMORE, MD 21201

New Mailing Address:

401 N TRYON ST; NC1-021-02-20
CHARLOTTE, NC 28255

FEI Number: 36-3140597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: EPSTEIN, HOWARD
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP
Name: DESOUZA, DONN
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC
Name: BARTH, NATHAN
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: TREA
Name: BARR, ADRIENNE M
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR
Name: FUSZARD, JOSSEPH T
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR
Name: NASH, PHYLLIS P
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA DESOUZA

SVP

05/04/2010

Electronic Signature of Signing Officer or Director

Date