

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004985

FILED
Apr 30, 2012
Secretary of State

Entity Name: HINES GS PROPERTIES, INC.

Current Principal Place of Business:

2800 POST OAK BLVD SUITE 4800
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

2800 POST OAK BLVD SUITE 4800
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 76-0459679

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

OFFICERS AND DIRECTORS:

Title: D
Name: HINES, GERALD D
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

Title: P
Name: HINES, JEFFREY C
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

Title: VP
Name: SHANNAHAN, C KEVIN
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

Title: VP
Name: ALLEN, MICHAEL
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

Title: VP
Name: MURRAY, SCOTT
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

Title: VPAS
Name: HUTCHENS, JEANINE E
Address: 2800 POST OAK BLVD SUITE 4800
City-St-Zip: HOUSTON, TX 77056

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: JEANINE E. HUTCHENS

VPAS

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date