2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # F9600003502 1. Entity Name GLENBOROUGH REALTY TRUST INCORPORATED 01-26-2000 90013 005 ***150.00 Mailing Address Principal Place of Business 400 SOUTH EL CAMINO REAL, SUITE #1100 400 SOUTH EL CAMINO REAL, SUITE #1100 SAN MATEO CA 94402-1706 SAN MATEO CA 94402-1708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 94-3211970 Not Applicant Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current-Registered Agent. C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CEO ☐ Delete TITLE TITLE BATINOVICH, ROBERT NAME NAME STREET ADDRESS 441 ROEHAMPTON ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILLSBOROUGH CA 94010 Addition ☐ Delete Change COOD TITLE NAME BATINOVICH, ANDREW STREET ADDRESS STREET ADDRESS 1201 MARLBOROUGH ROAD CITY-ST-ZIP CITY-ST-ZIP HILLSBOROUGH CA 94010 Change Addition ☐ Delete TITLE BOYLE, SANDRA L NAME STREET ADDRESS STREET ADDRESS 431 HURLINGHAM CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94402 ☐ Change ☐ Addition SVPT ☐ Delete TITLE TITLE NAME GARNICK, TERRI NAME STREET ADDRESS STREET ADDRESS 421 PARROTT DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94402 TITLE ☐ Change Addition ☐ Delete TITLE SGS NAME AUSTIN, FRANK E NAME STREET ADDRESS STREET ADDRESS 180 E. CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIP MENLO PARK CA 94025 ☐ Change Addition ☐ Delete TITLE TITLE NAME CHENG, ANNA NAME STREET ADDRESS STREET ADDRESS 1232 ALAMEDA DE LAS PULGAS

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

REDWOOD CITY CA 94061

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00