

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90091 003 ***150.00

DOCUMENT # F97000003440			
1. Entity Name VANTAS MANAGEMENT VIRGINIA, INC.			
Principal Place of Business		Mailing Address	
90 PARK AVE 3100 NEW YORK NY 10016		90 PARK AVE 3100 NEW YORK NY 10016-1301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1462372		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PD BEALE, DAVID	<input checked="" type="checkbox"/> Delete		TITLE NAME	PRESIDENT-DIRECTOR DAVID RUPERT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	90 PARK AVE			STREET ADDRESS	90 PARK AVENUE		
CITY-ST-ZIP	NEW YORK NY 10016			CITY-ST-ZIP	NEW YORK N.Y. 10016		
TITLE NAME	VP LANGER, ALAN	<input type="checkbox"/> Delete		TITLE NAME	SR. VP-FINANCE GARY KLEIN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	90 PARK AVE			STREET ADDRESS	90 PARK AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10016			CITY-ST-ZIP	NEW YORK, N.Y. 10016		
TITLE NAME	ST BORN, TERRENCE J	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	11350 RANDOM HILLS RD STE 650			STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX VA 22030			CITY-ST-ZIP			
TITLE NAME	AS COOPERMAN, STEVE	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	90 PARK AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016			CITY-ST-ZIP			
TITLE NAME	T SCMITT, PETER	<input type="checkbox"/> Delete		TITLE NAME	AT PETER SAHITT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	90 PARK AVE			STREET ADDRESS	90 PARK AVENUE		
CITY-ST-ZIP	NEW YORK NY 10016			CITY-ST-ZIP	NEW YORK, N.Y. 10016		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: _____ **SIGNATURE REQUIRED** *3/3/00* *212-9076400*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD090004 (0/000)