

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90244 001 ***550.00

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

2. Principal Place of Business

15305 Dallas Parkway

3. Mailing Address

1117 Perimeter Center West

Suite, Apt. #, etc.

Suite 1500, LB-20

Suite, Apt. #, etc.

Suite 500 E

City & State

Addison, TX

City & State

Atlanta, GA

Zip

75001

Country

Zip

30338

Country

4. FEI Number

54-1462372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PD RUPERT, DAVID**
 STREET ADDRESS **90 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☒ Delete

NAME **VP LANGER, ALAN**
 STREET ADDRESS **90 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☒ Delete

NAME **VPF KLEIN, GARY**
 STREET ADDRESS **90 PARK AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☒ Delete

NAME **AS COOPERMAN, STEVE**
 STREET ADDRESS **90 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☒ Delete

NAME **AT SAMITT, PETER**
 STREET ADDRESS **90 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **VP Jill Louis**
 STREET ADDRESS **15305 Dallas Parkway, Suite 1500, LB-20**
 CITY-ST-ZIP **Addison, TX 75001**

TITLE ☐ Change ☒ Addition

NAME **T John Bailey**
 STREET ADDRESS **15305 Dallas Parkway, Suite 1500, LB-20**
 CITY-ST-ZIP **Addison, TX 75001**

TITLE ☐ Change ☒ Addition

NAME **AS J. Mark McCarty**
 STREET ADDRESS **15305 Dallas Parkway, Suite 1500, LB-20**
 CITY-ST-ZIP **Addison, TX 75001**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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:

J. Mark McCarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark McCarty 8-27-01

Date

770-677-5637

Daytime Phone #

0441638

0441638