

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002966

1. Entity Name

Duke-Weeks Realty Corporation

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8888 Keystone Ave. Suite 1200 Indianapolis, IN 46240	Mailing Address 8888 Keystone Ave. Suite 1200 Indianapolis, IN 46240
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2. Principal Place of Business 8888 Keystone Crossing Suite, Apt. #, etc.	3. Mailing Address 4497 Park Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Norcross, GA 30093	4. FEI Number 35-1740409	Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John W. Wynne 8888 Keystone Ave., Suite 1200 Indianapolis, IN 46240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Darell E. Zink, Jr. 8888 Keystone Ave., Suite 1200 Indianapolis, IN 46240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas L. Hefner 8888 Keystone Ave., Suite 1200 Indianapolis, IN 46240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniel C. Staton 312 Walnut Street, Suite 1151 Cincinnati, OH 45202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edward T. Baur 635 Maryville Center Drive, Ste. 200 St. Louis, MO 63141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Howard L. Feinsand 885 3rd Ave. 14th Floor New York, NY 10022 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003300426--2 -06/22/00--01011--026 ***1387.50 ***461.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8888 Keystone Crossing
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8888 Keystone Crossing
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Gaskin

John R. Gaskin, Sec.

6/9/00

770-638-2610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #