

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002966

1. Entity Name

Duke-Weeks Realty Corporation

Principal Place of Business

8888 Keystone Ave.
Suite 1200
Indianapolis, IN 46240

Mailing Address

8888 Keystone Ave.
Suite 1200
Indianapolis, IN 46240

2. Principal Place of Business

8888 Keystone Crossing
Suite, Apt. #, etc.

3. Mailing Address

4497 Park Drive
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Norcross, GA 30093

Zip

Country

4. FEI Number

35-1740409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 ☒ Delete
NAME Director
STREET ADDRESS John W. Wynne
CITY-ST-ZIP 8888 Keystone Ave., Suite 1200
Indianapolis, IN 46240

TITLE ☐ Delete
NAME Director
STREET ADDRESS Darell E. Zink, Jr.
CITY-ST-ZIP 8888 Keystone Ave., Suite 1200
Indianapolis, IN 46240

TITLE ☐ Delete
NAME Director
STREET ADDRESS Thomas L. Hefner
CITY-ST-ZIP 8888 Keystone Ave., Suite 1200
Indianapolis, IN 46240

TITLE ☒ Delete
NAME Director
STREET ADDRESS Daniel C. Staton
CITY-ST-ZIP 312 Walnut Street, Suite 1151
Cincinnati, OH 45202

TITLE ☒ Delete
NAME Director
STREET ADDRESS Edward T. Baur
CITY-ST-ZIP 635 Maryville Center Drive, Ste. 200
St. Louis, MO 63141

TITLE ☐ Delete
NAME Director
STREET ADDRESS Howard L. Feinsand
CITY-ST-ZIP 885 3rd Ave. 14th Floor
New York, NY 10022

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6000003300426--2
CITY-ST-ZIP -06/22/00--01011--026
1387.50 *461.25

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8888 Keystone Crossing
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8888 Keystone Crossing
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #