## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002966

Entity Name: DUKE REALTY CORPORATION

FEINSAND, HOWARD L

DULUTH, GA 30096

3950 SHACKLEFORD ROAD, SUITE 300

Name:

Address: City-St-Zip: FILED Feb 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 600 EAST 96TH ST. STE 100 INDIANAPOLIS, IN 46240 **New Mailing Address: Current Mailing Address:** 3950 SHACKLEFORD RD. STE 300 DULUTH, GA 30096 FEI Number: 35-1740409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition OKLAK, DENNIS D Name: Name: 600 EAST 96TH ST., STE 100 Address: Address: City-St-Zip: INDIANAPOLIS, IN 46240 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: CHAPMAN, ROBERT M Name: 3950 SHACKLEFORD ROAD, SUITE 300 Address: Address: DULUTH, GA 30096 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HOWARD L. FEINSAND S 02/14/2006