**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10: 47

DOCUMENT # P05952 (7)

1. Corporation Name
HEALTH CARE PROPERTY INVESTORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10990 WILSHIRE #1200<br>LOS ANGELES CA 90024 | 10990 WILSHIRE #1200<br>LOS ANGELES CA 90024 |

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 05/09/1985
3a. Date of Last Report: 02/18/1994
4. FEI Number: 33-0091377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDC | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | ROATH, KENNETH B. | 1.2 NAME | |
| STREET ADDRESS | 10990 WILSHIRE #1200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA | 1.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | V | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | REYNOLDS, JAMES G. | 2.2 NAME | |
| STREET ADDRESS | 10990 WILSHIRE #1200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA | 2.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | D | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | MELBY, ORVILLE E. | 3.2 NAME | |
| STREET ADDRESS | 55-556 PINEHURST | 3.3 STREET ADDRESS | 10990 WILSHIRE #1200 |
| CITY-ST-ZIP | LA QUINTA CA | 3.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | VP | 4.1 TITLE | T ☒ Change ☐ Addition |
| NAME | GHOSE, DEVASIS | 4.2 NAME | |
| STREET ADDRESS | 10990 WILSHIRE #1200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA | 4.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | D | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | MCKEE, MICHAEL | 5.2 NAME | |
| STREET ADDRESS | 633 W. 5TH STREET, #4000 | 5.3 STREET ADDRESS | 10990 WILSHIRE #1200 |
| CITY-ST-ZIP | LOS ANGELES CA | 5.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | D | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | FANNING, ROBERT R. JR. | 6.2 NAME | |
| STREET ADDRESS | 54 HIGH RIDGE RD. | 6.3 STREET ADDRESS | 10990 WILSHIRE #1200 |
| CITY-ST-ZIP | BOXFORD MA | 6.4 CITY-ST-ZIP | LOS ANGELES, CA 90024 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Devasis Ghose DEVASIS GHOSE - TREASURER 2/28/95 (310) 473-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470460 FP

**HEALTH CARE PROPERTY INVESTORS, INC.**
**OFFICERS & DIRECTORS**
**FEIN 33-0091377**

| NAME: | TITLE |
|---|---|
| Kenneth B. Roath<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Chairman, President &<br>Chief Executive Officer |
| James G. Reynolds<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Executive Vice President &<br>Chief Financial Officer |
| Devasis Ghose<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Senior Vice President-Finance & Treasurer |
| Edward J. Henning<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Senior Vice President, General Counsel &<br>Corporate Secretary |
| Stephen R. Maulbetsch<br>Analysis<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Senior Vice President, Property & Acquisition |
| Thomas J. Zarse<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Vice President, Construction & Development |
| David A. Young<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Vice President, Business Development |
| Robert R. Fanning, Jr.<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |
| Orville E. Melby<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |
| Harold M. Messmer, Jr.<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |
| Peter L. Rhein<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |
| Paul V. Colony<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |
| Michael D. McKee, Esq.<br>10990 Wilshire Blvd. Suite 1200<br>Los Angeles, CA 90024 | Director |