

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05952

1. Entity Name

HEALTH CARE PROPERTY INVESTORS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90110 028 ***150.00

Principal Place of Business

4675 MACARTHUR CT
 STE 900
 NEWPORT BEACH CA 92660
 US

Mailing Address

4675 MACARTHUR CT.
 STE 900
 NEWPORT BEACH CA 92660-1845
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0091377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PDC
 STREET ADDRESS ROATH, KENNETH B.
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH CA 92660

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

TITLE ☐ Delete
 NAME V
 STREET ADDRESS REYNOLDS, JAMES G.
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH FL 92660

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS EDWARD J HENNING
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH CA 92660

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS GHOSE, DEVASIS
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH CA 92660

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MCKEE, MICHAEL
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH CA 92660

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FANNING, ROBERT R. JR.
 CITY-ST-ZIP 4675 MACARTHUR CT #900
 NEWPORT BEACH CA 92660

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SRVP

3/8/00

Date

949-221-0600

Daytime Phone #

CR2E034 (9/99)