2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# P05952

Entity Name: HEALTH CARE PROPERTY INVESTORS, INC.

Current Principal Place of Business:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, FL 90806 US

New Principal Place of Business:

Current Mailing Address:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, FL 90806 US

New Mailing Address:

FEI Number: 33-0091377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: FLAHERTY, JAMES F III
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

Title: VS ( ) Delete
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

Title: CD ( ) Delete
Name: ROATH, KENNETH B
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

Title: D ( ) Delete
Name: CIRILLO, MARY
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

Title: EV ( ) Delete
Name: ELEAN, CHARLES A
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

Title: EV ( ) Delete
Name: GALLAGHER, PAUL
Address: 3760 KILROY AIRPORT WAY
City-St-Zip: LONG BEACH, FL 90806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: EDWARD J. HENNING SRVP 02/22/2005

Electronic Signature of Signing Officer or Director — Date