

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06974

FILED
Apr 13, 2010
Secretary of State

Entity Name: HEALTH CARE REIT, INC.

Current Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1475
TOLEDO, OH 436031475

New Mailing Address:

P O BOX 1475
TOLEDO, OH 436031475 US

FEI Number: 34-1096634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: C
Name: CHAPMAN, GEORGE
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

Title: D
Name: KLIPSCH, FRED
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

Title: T
Name: CRABTREE, MICHAEL
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

Title: V
Name: IBELE, ERIN
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

Title: D
Name: DEROSA, THOMAS
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

Title: D
Name: BALLARD, JR, WILLIAM
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 43604 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CRABTREE

T

04/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date