DOC ID ----> 201014000625

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/20/2010	201014000625	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

CSC
2711 CENTERVILLE ROAD
SUITE 400
WILMINGTON, DE 19808

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

656881

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HEALTH CARE REIT, INC.

and, that said business records show the filing and recording of:

Document(s):	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**201014000625**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of May, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201014000625

Form 521 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

☐ Non Expedite — PO Box 788, Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: $25

2010 MAY 17 AM 8:31

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☒ Corp (165-AGS)	☐ Corp (145-AGA)	☐ Corp (155-AGR)
☐ LP (165-AGS)	☐ LP (145-AGA)	☐ LP (155-AGR)
☐ LLC (171-LSA)	☐ LLC (144-LAD)	☐ LLC (153-LAG)
		☐ Partnership (155-AGR)

Name of Entity HEALTH CARE REIT, INC.

Charter, License or Registration No. 656881

Name of Current Agent CT Corporation System

Address of Current Agent 1300 East 9th Street
Mailing Address

Cleveland (City) — Ohio (State) — 44114 (Zip Code)

Complete the information in this section if box (1) is checked

Name and Address of New Agent

CSC- Lawyers Incorporating Service (Corporation Service Company)
Name of Agent

50 West Broad Street, Suite 1800
Mailing Address

Columbus (City) — Ohio (State) — 43215 (Zip Code)

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, CSC- Lawyers Incorporating Service (Corporation Service Company), named herein as the
Name of Agent

Statutory agent for, HEALTH CARE REIT, INC., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

CSC- Lawyers Incorporating Service (Corporation Service Company)

Signature: By: _____
Statutory Agent

Elizabeth A. Dawson, Asst. Vice President

☐ **If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (2) is checked

New Address of Agent _____
Mailing Address

_____ **Ohio** _____
City State Zip Code

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

_____
Mailing Address

_____ **Ohio** _____
City State Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative	May, 13, 2010
	Date
Blanca Lozada, Vice President	
Print Name	
Authorized Representative	Date
Print Name	