

No. C 120103 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH CARE REIT, INC. 4500 DORR STREET TOLDEO OH 43615	2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	GEOFFREY G. MEYERS	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	JUDITH C. PELHAM	4500 DORR STREET	TOLEDO	OH	USA	43615
SECRETARY	ERIN C IBELE	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	TIMOTHY J. NAUGHTON	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	THOMAS J DEROSA	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	JEFFREY H DONAHUE	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	SHARON M OSTER	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	FRED S KLIPSCH	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	R. SCOTT TRUMBULL	4500 DORR STREET	TOLEDO	OH	USA	43615
DIRECTOR	SERGIO D REVERA	4500 DORR STREET	TOLEDO	OH	USA	43615
TREASURER	SCOTT A. ESTES	4500 DORR STREET	TOLEDO	OH	USA	43615
PRESIDENT	THOMAS J. DEROSA	4500 DORR STREET	TOLEDO	OH	USA	43615
5. Organized Under the Laws of: <div style="text-align: center;">DE C 120103</div>		6. Annual Report must be signed.* Signature: ERIN C. IBELE Name (type or print): ERIN C. IBELE <div style="text-align: right;"> Date: 07/30/2015 Title: AUTHORIZED PERSON </div>				
Processed 07/30/2015		* Electronically provided signatures are accepted as original signatures.				