

No. C 120103		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH CARE REIT, INC. CHRIS THIE ONE SEAGATE STE 1500 PO BOX 1475 TOLDEO OH 43603-1475		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA			
				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	JEFFREY R OTTEN	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
PRESIDENT	RAYMOND W BRAUN	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	GEORGE L CHAPMAN	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
SECRETARY	ERIN C IBELE	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	WILLIAM C BALLARD, JR.	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	PIER C BORRA	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	THOMAS J DEROSA	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	JEFFREY H DONAHUE	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	PETER J GRUA	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	SHARON M OSTER	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	FRED S KLIPSCH	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
DIRECTOR	SCOTT TRUMBULL	ONE SEAGATE SUITE 1500	TOLEDO	OH	USA	43604	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: Michael A. Crabtree			Date: 07/03/2008		
C 120103		Name (type or print): Michael A. Crabtree			Title: Treasurer		
Processed 07/03/2008		* Electronically provided signatures are accepted as original signatures.					