GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE
SUPPLEMENTAL LEASE AGREEMENT

SUPPORTMENTAL AGREEMENT No. 10
DATE JUN - 8 2011
TO LEASE NO. GS-11B-01805

ADDRESS OF PREMISES
Hoffman No 2
200 Stovall Street
Alexandria, VA 22332-0001

THIS AGREEMENT, made and entered into this date by and between Hoffman Buildings LP

whose address is:

Hoffman Buildings Mgmt Company, Inc
2461 Eisenhower Avenue, Lobby Floor
Alexandria, VA 22331-0100

Hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above Lease.

NOW THEREFORE, these parties for the considerations hereinafter covenant and agree that the said lease is hereby amended effective April 20, 2010 as follows:

Issued to reflect the annual operating cost escalation provided for in the basic lease agreement.

<table>
<thead>
<tr>
<th>Base (CPI-W-U.S. City Avg)</th>
<th>March 2009</th>
<th>207.218</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corresponding Index</td>
<td>March 2010</td>
<td>213.525</td>
</tr>
<tr>
<td>Base Operating Cost Per Lease</td>
<td>$3,312,585.73</td>
<td></td>
</tr>
<tr>
<td>% Increase in CPI-W</td>
<td>0.030436545</td>
<td></td>
</tr>
<tr>
<td>Annual Increase in Operating Cost</td>
<td>$100,823.66</td>
<td></td>
</tr>
<tr>
<td>Less Previous Escalation Paid</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Annual Increase in Operating Cost Due Lessor</td>
<td>$100,823.66</td>
<td></td>
</tr>
</tbody>
</table>

Effective April 20, 2010, the annual rent is increased by $100,823.66

The new annual rent is $10,595,858.76 payable at the rate of $882,988.23 per month, in arrears.

The rent check shall be made payable to:

Hoffman Buildings LP
Hoffman Buildings Mgmt Company, Inc
2461 Eisenhower Avenue, Lobby Floor
Alexandria, VA 22331-0100

All other terms and conditions of the lease shall remain in force and effect.

IN WITNESS WHEREOF, the parties subscribed their names as of the above date.

LESSOR: Hoffman Buildings LP

BY: ____________________
(Signature) (Title)

IN THE PRESENCE OF

________________________________________
(Signature) (Address)

________________________________________
(Official Title)

Contracting Officer, GSA NCR PBS Metropolitan Services Division

GSA FORM 175