SUPPLEMENTAL AGREEMENT
No. 5
TO LEASE NO. GS-11B-02119

GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE
SUPPLEMENTAL LEASE AGREEMENT

ADDRESS OF PREMISES
3100 Clarendon Blvd
0
Alexandria, VA 22201-5302

THIS AGREEMENT, made and entered into this date by and between Wells Reit I-3100 Clarendon LLC whose address is: Piedmont Office Realty Trust, Inc.
11695 Johns Creek Parkway- Suite 350
Duluth, GA 30097-1855

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 June 1, 2011 as follows:

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

<table>
<thead>
<tr>
<th>Description</th>
<th>May 2008</th>
<th>May 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base (CPI-W-U.S. City Avg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corresponding Index</td>
<td></td>
<td></td>
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<tr>
<td>Base Operating Cost Per Lease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Increase in CPI-W</td>
<td></td>
<td>0.047775250</td>
</tr>
<tr>
<td>Annual Increase In Operating Cost</td>
<td>$1,740,540.00</td>
<td></td>
</tr>
<tr>
<td>Less Previous Escalation Paid</td>
<td></td>
<td>$10,928.06</td>
</tr>
<tr>
<td>Annual Increase In Operating Cost Due Lessor</td>
<td>$83,154.73</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$72,226.67</td>
<td></td>
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</tbody>
</table>

Effective June 1, 2011, the annual rent is increased by $72,226.67. The new annual rent is $8,214,824.26 payable at the rate of $684,552.02 per month.

The rent check shall be made payable to: Wells Reit I-3100 Clarendon LLC
Piedmont Office Realty Trust, Inc.
Suite 350
Duluth, GA 30097-1855

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: Wells Reit I-3100 Clarendon LLC

BY: ________________________________
(Signature) (Title)

IN THE PRESENCE OF: ________________________________
(Signature) (Address)

UNITED STATES OF AMERICA: ________________________________
(Signature) Contracting Officer, GSA, NCP, PBS, Metropolitan Services Division (Official Title)

GSA FORM 276