EXHIBIT B

Dividend Reinvestment Plan Enrollment Form

The REQUIRED section below must be completed in order to process this request.

TO PARTICIPATE IN THE DRP: Complete and return this form. Be sure to include your Social Security or Tax Identification Number, account number and signature.

I hereby appoint Boston Financial Data Services, Inc. (or any successor), acting as plan administrator (the "Plan Administrator"), as my agent to receive cash dividends from Piedmont Office Realty Trust, Inc. ("Piedmont") that may hereafter become payable to me on shares of common stock of Piedmont, registered in my name and authorize such dividends to be applied to the purchase of full shares and fractional interests in shares of Piedmont's Class A common stock pursuant to the terms and conditions of the dividend reinvestment plan ("DRP") of Piedmont. By participating in the DRP, I agree to be bound by the terms and conditions of the prospectus that governs the DRP. I further agree that my participation in the DRP will continue until I notify the Plan Administrator in writing that I desire to terminate my participation in the DRP. Upon providing such notification, I acknowledge that my withdrawal from the DRP will be subject to the terms and conditions of the prospectus that governs the DRP.

I hereby confirm the following:

- That I am a current stockholder of Piedmont;
- That I have read and fully understand the terms and conditions of the Piedmont DRP Prospectus dated May 14, 2010.

Please indicate your participation below. Return this form only if you wish to participate in the DRP. If your shares are held of record by a Broker or Nominee, you must contact your Broker or Nominee to participate in the DRP.

REQUIRED - Please print clearly

☐ Yes, I would like to participate in the DRP and reinvest all of the dividends declared and payable to me on all classes of common stock in additional shares of Class A common stock of Piedmont.

Primary Investor: _____
Print Full Legal Name Signature Date

Secondary Investor: _____
Print Full Legal Name Signature Date

Account Number _____ E-mail Address (if applicable) _____

Social Security Number(s) or Tax Identification Number(s) _____

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