UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

OMB 3235-0104 Number: December 31, Expires: Estimated average burden hours per response

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OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*	2. Date of Event Requiring Statement (Month/Day/Year) 05/09/2007	3. Issuer Name and Ticker or Trading Symbol Piedmont Office Realty Trust, Inc. [N/A]			
CANTRELL WESLEY E		4. Relationship of Reporting Person(s) 5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Last) (First) (Middle) C/O ANNTAYLOR STORES CORP, 7 TIMES SQUARE, 15TH FLOOR (Street) NEW YORK NY 10036 (City) (State) (Zip)		(Check all applicable) X Director Officer (give title below) Officer (give below) Officer (specify below) Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	Exercisable and		Securities Underlying Derivative Security (Instr.		· I	Ownership Form:	6. Nature of Indirect Beneficial Ownership		
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)		

Explanation of Responses:

No securities are beneficially owned

<u>Laura P. Moon, Attorney-in-</u>
<u>Fact</u>

** Signature of Reporting
Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5(b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.