

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
35 MAR 13 AM 8:19

DOCUMENT # 635137 (3)
1. Corporation Name
EQUITY REALTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2 N RIVERSIDE PLAZA CHICAGO IL 60606
Mailing Address: 2 N RIVERSIDE PLAZA SUITE 600 CHICAGO IL 60606

100001429761
-03/15/95--01024--026
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 c/o Ann M. Schneider		2a. Mailing Address 26 c/o Ann M. Schneider		3. Date Incorporated or Qualified 09/05/1979		3a. Date of Last Report 04/15/1994	
Suite, Apt. #, etc. 22 2 N. Riverside Plaza		Suite, Apt. #, etc. 27 2 N. Riverside Plaza		4. FEI Number 36-3036066		Applied For Not Applicable	
City & State 23 Chicago, IL		City & State 28 Chicago, IL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 60606		Zip 29 60606		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
B1 Name				B5 Zip Code			
B2 Street Address (P.O. Box Number Is Not Acceptable)				FL			
B3				B4 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELL, SAMUEL	1.2 NAME	
STREET ADDRESS	2 N RIVERSIDE #600	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, ILL 0	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR	2.2 NAME	
STREET ADDRESS	2 N RIVERSIDE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, ILL 0	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	3.2 NAME	
STREET ADDRESS	2 N RIVERSIDE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, SHELJ Z.	4.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, GERALD	5.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mark Slezak
STREET ADDRESS		6.3 STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Chicago, IL 60606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with my address.

SIGNATURE: _____
Ann M. Schneider, Asst. Secretary
3/8/95 312-466-3607
3-13-95