


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 635137 (3)**  
1. Corporation Name  
**EQUITY REALTY, INC.**



Principal Place of Business <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>	Mailing Address <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**09/05/1979**

<b>4.</b> FEI Number <b>36-3036066</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 N RIVERSIDE #600	
CITY-ST-ZIP	CHICAGO, ILL 0	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR	
STREET ADDRESS	2 N RIVERSIDE	
CITY-ST-ZIP	CHICAGO, ILL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 N RIVERSIDE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SHEL Z.	
STREET ADDRESS	2 N. RIVERSIDE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, TIM	
STREET ADDRESS	2 N. RIVERSIDE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SLEZAK, MARK	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V/AS Liebentritt, Donald
5.3 STREET ADDRESS	2 N. Riverside Plaza
5.4 CITY-ST-ZIP	Chicago, IL 60606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **APR 13 1998** 312-466-3607

CFR2E034 (10/97)