

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000891

FILED
Apr 16, 2012
Secretary of State

Entity Name: EQR-LINCOLN VILLAGE I VISTAS, INC.

Current Principal Place of Business:

C/O MICHELLE LAPELLE
2 N RIVERSIDE PLAZA
CHICAGO, IL 60606

New Principal Place of Business:

2 N RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606 UN

Current Mailing Address:

C/O MICHELLE LAPELLE
2 N RIVERSIDE PLAZA
CHICAGO, IL 60606

New Mailing Address:

2 N RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606 UN

FEI Number: 36-3907908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CRIZ, JESSE
Address: 2 N RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VD
Name: PHIPPS, JAMES
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: NESTI, PATTI
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VAS
Name: LAPELLE, MICHELLE
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: GREENBERG, ARTHUR
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

VAS

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date