

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

APPROVED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 13 AM 8:51

DOCUMENT # F93000003086 (6)

1. Corporation Name

EQR-CASA CORTEZ VISTAS, INC.

CONFIDENTIAL STATE
TALLAHASSEE, FLORIDA

100001429711
-03/15/95--01024--014
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

Ann M. Schneider

C/O Ann M. Schneider

3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 08/01/1994
4. FEI Number 36-3907952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSFELD, MARLENE	1.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JAMES M.	2.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A	3.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J	4.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	5.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR)

Ann M. Schneider

Secretary

MAR 08 1995

312-4663607

3-13-95