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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93000003839 (8)**

1. Corporation Name
EQUITY PROPERTIES AND DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606
<i>/s/ Ann M. Schneider</i>	<i>/s/ Ann M. Schneider</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 36-3910445	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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 _____ 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	D
NAME	ZELL, SAMUEL
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	CPCD
NAME	SHKOLNIK, SANFORD
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	VCD
NAME	CONTIS, DAVID J
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	VPSD
NAME	ROSENBERG, SHEL Z
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	VTD
NAME	GREENBERG, ARTHUR A
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	S
NAME	SCHNEIDER, ANN M
STREET ADDRESS	2 NORTH 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	900001428019
1.4 CITY-ST-ZIP	-08/13/95--01057--019
2.1 TITLE	***\$225.00
2.2 NAME	***\$225.00
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	UP/AS/D <input checked="" 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(k), 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 and 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, unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Ann M. Schneider Secretary

MAK 08 1995
312-466 3607
LW 3-10-95