

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

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 10 PM 4:21

DOCUMENT # F93000004021 (2)

1. Corporation Name
EQR-SWN LINE VISTAS, INC.

Principal Place of Business Mailing Address
2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606
c/o Ann M. Schneider c/o Ann M. Schneider

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/03/1993	3a. Date of Last Report 08/01/1994
4. FEI Number 36-3906988	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME PHIPPS, JAMES M.	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA	CITY-ST-ZIP CHICAGO IL	1.2 NAME	
TITLE S	NAME KOSFELD, MARLENE	2.1 TITLE Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA	CITY-ST-ZIP CHICAGO IL	2.2 NAME	
TITLE VDT	NAME GREENBERG, ARTHUR A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA	CITY-ST-ZIP CHICAGO IL	3.2 NAME	
TITLE PD	NAME LIEBENTRITT, DONALD J	3.3 STREET ADDRESS 000001428020	
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA	CITY-ST-ZIP CHICAGO IL	3.4 CITY-ST-ZIP -03/13/95--01057--020	
TITLE S	NAME SCHNEIDER, ANN M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA	CITY-ST-ZIP CHICAGO IL 60606	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS ***225.00	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP ***225.00	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME Director Robert Levin	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP 30 N. LaSalle Chicago, IL 60602	6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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 119.07(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 bear 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 107, Florida Statutes; and that my name appears in block 12 or block 13 of this report or on an attachment with an address.

SIGNATURE: DATE: **MAR 09 1995**
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR: **Ann M. Schneider Secretary**
Date: **3-10-95**