

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004021 (2)**

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



Principal Place of Business: **C/O ANN M. SCHNEIDER, 2 NORTH RIVERSIDE PLAZA, CHICAGO IL 60606**  
Mailing Address: **C/O ANN M. SCHNEIDER, 2 NORTH RIVERSIDE PLAZA, CHICAGO IL 60606**

3. Date Incorporated or Qualified: **09/03/1993**  
3a. Date of Last Report: **03/10/1995**  
4. FET Number: **36-3906988**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt., etc., City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PHIPPS, JAMES M.</b>		1.2 NAME: <b>Phipps, James M.</b>	
STREET ADDRESS: <b>2 NORTH RIVERSIDE PLAZA</b>		1.3 STREET ADDRESS: <b>2 N. Riverside Plaza</b>	
CITY-STATE-ZIP: <b>CHICAGO IL</b>		1.4 CITY-STATE-ZIP: <b>Chicago, IL 60606</b>	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KOSFELD, MARLENE</b>		2.2 NAME: <b>Kosfeld, Marlene</b>	
STREET ADDRESS: <b>2 NORTH RIVERSIDE PLAZA</b>		2.3 STREET ADDRESS: <b>2 N. Riverside Plaza</b>	
CITY-STATE-ZIP: <b>CHICAGO IL</b>		2.4 CITY-STATE-ZIP: <b>Chicago, IL 60606</b>	
TITLE: <b>VDT</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>TV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GREENBERG, ARTHUR A</b>		3.2 NAME: <b>Greenberg, Arthur A.</b>	
STREET ADDRESS: <b>2 NORTH RIVERSIDE PLAZA</b>		3.3 STREET ADDRESS: <b>2 N. Riverside Plaza</b>	
CITY-STATE-ZIP: <b>CHICAGO IL</b>		3.4 CITY-STATE-ZIP: <b>Chicago, IL 60606</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LIEBENTRITT, DONALD J</b>		4.2 NAME:	
STREET ADDRESS: <b>2 NORTH RIVERSIDE PLAZA</b>		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>CHICAGO IL</b>		4.4 CITY-STATE-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SCHNEIDER, ANN M</b>		5.2 NAME:	
STREET ADDRESS: <b>2 NORTH RIVERSIDE PLAZA</b>		5.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>CHICAGO IL 60606</b>		5.4 CITY-STATE-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>LEVIN, ROBERT</b>		6.2 NAME: <b>Stanley M. Stevens</b>	
STREET ADDRESS: <b>30 NORTH LA SALLE</b>		6.3 STREET ADDRESS: <b>2 N. Riverside Plaza</b>	
CITY-STATE-ZIP: <b>CHICAGO IL 60602</b>		6.4 CITY-STATE-ZIP: <b>Chicago, IL 60606</b>	

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)(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 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: \_\_\_\_\_ DATE: **2/2/96** TELEPHONE: **312-466-3607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ann M. Schneider, Secretary**

CR2E034 (12/95)