

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004021

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: EQR-SWN LINE VISTAS, INC.

**Current Principal Place of Business:**

2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 36-3906988      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION  
1200 S. PINE ISLAND RD.  
FORT LAUDERDALE, 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Delete  
Name: NESTI, PATRICIA  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: T ( ) Delete  
Name: GREENBERG, ARTHUR A  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: VD ( ) Delete  
Name: PHIPPS, JAMES  
Address: 2 N RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VAS ( ) Delete  
Name: LAPELLE, MICHELLE  
Address: 2 N RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VSD ( ) Delete  
Name: GREENBERG, ARTHUR  
Address: 2 N RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

VAS

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date