

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004021

FILED
Apr 13, 2012
Secretary of State

Entity Name: EQR-SWN LINE VISTAS, INC.

Current Principal Place of Business:

2 NORTH RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

2 NORTH RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606 US

Current Mailing Address:

2 NORTH RIVERSIDE PLAZA
SUITE 400
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LAPELLE

VAS

04/13/2012

Electronic Signature of Signing Officer or Director

_____ Date