

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 13 AM 8:40

MAY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005485 (8)**

1. Corporation Name

EQUITY HOTEL PROPERTIES, INC.

Principal Place of Business

Mailing Address

2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

500001429755
-03/15/95--01024--021
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/02/1993** 3a. Date of Last Report **04/18/1994**

4. FEI Number **36-3912470** Applied For Not Applicable

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		2a. Mailing Address	
21	c/o Ann M. Schneider Suite, Apt. #, etc.	26	c/o Ann M. Schneider Suite, Apt. #, etc.
22	2 N. Riverside Plaza City & State	27	2 N. Riverside Plaza City & State
23	Chicago, IL Zip 60606 Country	28	Chicago, IL Zip 60606 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)	FL	
B3			
B4	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

BAIL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. 1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAACSON, STEVE	12 NAME	Gary Beller
STREET ADDRESS	2 N. RIVERSIDE PLAZA	13 STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	CHICAGO IL 60606	14 CITY - ST - ZIP	Chicago, IL 60606
TITLE	VDT	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A	22 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	24 CITY - ST - ZIP	
TITLE	VDS	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, SHEL Z	32 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	33 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	34 CITY - ST - ZIP	
TITLE	DVAT	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, GERALD A	42 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	44 CITY - ST - ZIP	
TITLE	VPM	5. 1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGENSTERN, GARY	52 NAME	Samuel Zell
STREET ADDRESS	2 N. RIVERSIDE PLAZA	53 STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	CHICAGO IL 60606	54 CITY - ST - ZIP	Chicago, IL 60606
TITLE	VPCF	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTENSON, MIKE	62 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	63 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	64 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 110.07(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, Change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheli Z. Rosenberg, VP 3/8/95 312-466-3456

2W 3/13/95