

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005485 (8)

1. Corporation Name
EQUITY HOTEL PROPERTIES, INC.



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

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **36-3912470**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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 Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and 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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: BELLER, GARY	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE
TITLE: VDT	NAME: GREENBERG, ARTHUR A	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE
TITLE: VDS	NAME: ROSENBERG, SHEL I Z	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE
TITLE: DVAT	NAME: SPECTOR, GERALD A	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: SELL, SAMUEL	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE
TITLE: VPCF	NAME: MATTENSON, MIKE	STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: S	NAME: Schneider, Ann M.	STREET ADDRESS: 2 N. Riverside Plaza	CITY-STATE-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
2.1 TITLE: VT	NAME: Greenberg, Arthur A.	STREET ADDRESS: 2 N. Riverside Plaza	CITY-STATE-ZIP: Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
3.1 TITLE: VD	NAME: Rosenberg, Sheli Z.	STREET ADDRESS: 2 N. Riverside Plaza	CITY-STATE-ZIP: Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
4.1 TITLE: VD	NAME: Callahan, Tim	STREET ADDRESS: 2 N. Riverside Plaza	CITY-STATE-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
5.1 TITLE: D	NAME: Zell, Samuel	STREET ADDRESS: 2 N. Riverside Plaza	CITY-STATE-ZIP: Chicago, IL 60066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
6.1 TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Add on

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider
Ann M. Schneider, Secretary

2/5/96

Date

312-466-3607

Telephone #

CR2E034 (12/95)