

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005486 (6)

1. Corporation Name

EQR-WOODLAKE VISTAS, INC.



Principal Place of Business

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606
US

Mailing Address

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606-2600
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

03/04/1996

4. FEI Number

36-3927571

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LIEBENTRITT, DONALD J
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE

NAME PHIPPS, JAMES M.
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE TV ☐ DELETE

NAME GREENBERG, ARTHUR A
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME KOSFELD, MARLENE
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME SCHNEIDER, ANN M.
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE

NAME STEVENS, STANLEY M.
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Ann M. Schneider
Secretary

4/4/97 312-466-3607

CR2E034 (9/96)