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

PROFIT CORPORATION ANNUAL REPORT

1998

Talkan and the



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9300005486 (6) DOCUMENT

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.

EQR-WOODLAKE VISTAS, INC.

1201 HAYS STREET

TALLAHASSEE FL 32301

SUITE 105

Principal Place of Business Mailing Address C/O ANN M. SCHNEIDER C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA 2 N. RIVERSIDE PLAZA CHICAGO IL 60806 CHICAGO IL 60606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 36-3927571 21 26 Suite Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes

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.

81 Name

SIGNATURE Signature, typed or printed name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE LIEBENTRITT, DONALD J NAME 1.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition PHIPPS, JAMES M. NAME 2.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 23 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **GREENBERG, ARTHUR A** 3.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition KOSFELD, MARLENE NAME 4. 2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition **SCHNEIDER, ANN M.** NAME 5.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 5.3 STREET ADDRESS **CHICAGO IL** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Director ☐ Change STEVENS, STANLEY M. NAME Stonebraker, Kelly 62 NAME **2 N RIVERSIDE PLAZA** STREET ADDRESS 6.3 STREET ADDRESS 2 N. Riverside Plaza

6.4 CITY-ST-ZIP Chicago, IL 60606

14. I 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 occiver 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 our in attachment with an address.

APR 1 0 1000

FILED

Apr 20 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

X No

Not Applicable