

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

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005657 (2)**  
1. Corporation Name  
**EQR-VILLAGE GREEN VISTAS, INC.**



Principal Place of Business <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PALZA CHICAGO IL 60606</b>	Mailing Address <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PALZA CHICAGO IL 60606</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/14/1993**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number <b>36-3926660</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHIPPS, JAMES M.</b>	1.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, ARTHUR A</b>	2.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBENTRITT, DONALD J</b>	3.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, ANN M</b>	4.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSFELD, MARLENE</b>	5.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STANLEY, M. STEVENS</b>	6.2 NAME	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	6.4 CITY-ST-ZIP	

Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Stonebraker, Kelly</b>	
<b>2 N. Riverside Plaza</b>	
<b>Chicago, IL 60606</b>	

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 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 \_\_\_\_\_ DATE **4/10/98** 312-466-3607

CR2E034 (10/97)