

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

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **F94000003773**  
1. Corporation Name  
**EQR-Heron Run Vistas, 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**

APPROVED  
95 MAR 13 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**000001429700**  
**-03/15/95--01024--011**  
**\*\*\*\*225.00 \*\*\*\*225.00**  
DO NOT WRITE IN THIS SPACE.

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/19/94		7/19/94			
City & State		City & State		FEI Number		Applied For		Not Applicable	
Zip		Country		36-3991100		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
						<input type="checkbox"/>		\$5.00 May Be Added to Fees	
						6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
						8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	Director/President
NAME	Donald J. Liebenritt
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director/VP
NAME	James M. Phipps
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director/VP/Treasurer
NAME	Arthur A. Greenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Secretary
NAME	Ann M. Schneider
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Asst. Secretary
NAME	Marlene C. Kosfeld
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an article.

SIGNATURE: 3/8/95 312-466-3607  
Ann M. Schneider, Secretary

File **LW** 3-13-95