

**2001 UNIFORM BUSINESS REPORT (UBR)**

*pg 192*

1-7661

**DOCUMENT # F94000003773**

1. Entity Name  
**EQR-HERON RUN VISTAS, INC.**

FILED

01 JAN 23 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business C/O L CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	Mailing Address C/O L CURRIE 2 N. RIVERSIDE PLAZA CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-3991100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY RD.  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STONEBRAKER, KELLY</b> <b>203 N. LASALLE, SUITE 1800</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NESTI, PATRICIA</b> <b>2 N. RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GREENBERG, ARTHUR</b> <b>2 N. RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HERMANN, WILLIAM</b> <b>203 N. LASALLE, SUITE 1800</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERMANN, WILLIAM</b> <b>203 N. LASALLE, SUITE 1800</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TOMILLO, KARYN</b> <b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003567821--7</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SP</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patti Nesti* **Patti Nesti, VP** 1/15/01 312-474-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

ACCOUNT FILING COVER SHEET

pg 292

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2026736-17  
(Sub Account)

DATE: 1-23

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: F94-373

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodyard  
Cynthia J. Woodyard

RECEIVED  
01 JAN 23 PM 12:11  
DIVISION OF CORPORATION

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up