

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000004432 (0)

1. Corporation Name

EQR-THE PLACE VISTAS, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 the filer, if applicable

(NOTE: Registered Agent signature appears below next page)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHIPPS, JAMES M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KOSFELD, MARLENE C	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Greenberg, Arthur A.	
1.3 STREET ADDRESS	2 N. Riverside Plaza	
1.4 CITY - ST - ZIP	Chicago, IL 60606	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stanley M. Stevens	
6.3 STREET ADDRESS	2 N. Riverside Plaza	
6.4 CITY - ST - ZIP	Chicago, IL 60606	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider, Secretary

2/2/96 312-466-3607

Date

Daytime Phone #

CR2E034 (12/95)