

# 2000 UNIFORM BUSINESS REPORT (UBR)

1861595

**DOCUMENT # F94000005681**  
 1. Entity Name  
**EQR-PARADISE POINTE VISTAS, INC.**

FILED  
 00 JAN 13 PM 1:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 60606** **CHICAGO IL 60606-2600**  
**US** **US**  
**c/o L. Currie** **c/o L. Currie**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **36-3990119** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** 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.  
**600003097506--8**

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LIEBENTRITT, DONALD J</b> <b>2 NORTH RIVERSIDE PLAZA</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PHIPPS, JAMES M</b> <b>2 NORTH RIVERSIDE PLAZA</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHNEIDER, ANN M</b> <b>2 NORTH RIVERSIDE PLAZA</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>GREENBERG, ARTHUR A</b> <b>2 NORTH RIVERSIDE PLAZA</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KOSFELD, MARLENE C</b> <b>2 NORTH RIVERSIDE PLAZA</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STONEBRAKER, KELLY</b> <b>2 N RIVERSIDE PLAZE</b> <b>CHICAGO IL</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kelly Stonebraker</b> <b>203 N. LaSalle, Suite 1800, Chicago, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Patricia Nesti</b> <b>2 N. Riverside Plaza, Chicago, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Arthur Greenberg</b> <b>2 N. Riverside Plaza, Chicago, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William Hermann</b> <b>203 N. LaSalle, Suite 1800, Chicago, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Karyn Tomillo</b> <b>Two N. Riverside Plaza, Suite 400</b> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William Hermann</b> <b>203 N. LaSalle, Suite 1800, Chicago, IL</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: Patricia Nesti VP 1/11/00 312-474-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**KE**

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20209010  
(Sub Account)

DATE: 1-13

REQUESTOR NAME: LEXIS

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

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

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

CORPORATION NAME: F94 - 5681

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

AUTHORIZATION: C. Woodyard

RECEIVED  
00 JAN 13 AM 11:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- 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

KE