

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED  
55 MAR 10 PM 4:13  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005683 (7)**

1. Corporation Name

**EQR-PORT ROYALE VISTAS, INC.**

Principal Place of Business

2 NORTH RIVERSIDE PLAZA  
CHICAGO IL 60606

Mailing Address

2 NORTH RIVERSIDE PLAZA  
CHICAGO IL 60606

c/o Ann M. Schneider

c/o Ann M. Schneider

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/02/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**APPLIED FOR 36-3990116**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LIEBENTRITT, DONALD J  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE VD  
NAME PHIPPS, JAMES M  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE S  
NAME SCHNEIDER, ANN M  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

400001428024  
-03/13/95--01057--023

\*\*\*\$225.00 \*\*\*\$225.00

Change  Addition

TITLE VTD  
NAME GREENBERG, ARTHUR A  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE AS  
NAME KOSFELD, MARLENE C  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 Sections 199.03(3)(a), 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 I am an officer or director, or in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider Secretary

MAR 18 1995 312-466-3657  
LW 310-95