## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F9400005683 (7)

EQR-PORT ROYALE VISTAS, INC.

Principal Place of Business Mailing Address C/O ANN M. SCHNEIDER 2 NORTH RIVERSIDE PLAZA C/O ANN M. SCHNEIDER 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60808 CHICAGO IL 60606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1994 2, Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 39-3990116 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country B. This corporation owes or has paid the current year Intaggible Yes 24 25 29 Personal Property Tax due June 30. 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 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code **B5** 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 reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 11 TITLE Change Addition LIEBENTRITT, DONALD J NAME 12 NAME 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change noitibhA TITLE 2.1 TITLE PHIPPS, JAMES M NAME 2.2 NAME 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SCHNEIDER, ANN M 3.2 NAME 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 1ITLE Addition GREENBERG, ARTHUR A 4. 2 NAME 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 4 4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE KOSFELD, MARLENE C NAME 5.2 NAME 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 5.4 CITY - ST- ZIP Addition DELETE 6.1 TITLE Director STEVENS, STANLEY NAME 6.2 NAME Stonebraker, Kelly 2 NORTH RIVERSIDE PLAZA STREET ADDRESS **6.3 STREET ADDRESS** 2 N. Riverside Plaza

14. Thereby 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 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 trusted 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 or an attrictment with an address.

SIGNATURE:

APR 10 1998

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**FILED** 

Apr 20 1998 8:00am

Secretary of State