

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000586

1. Entity Name

EQR-LINCOLN VILLAGE II VISTAS, INC.

FILED

00 JAN 13 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~ANN M SCHNEIDER~~  
2 N. RIVERSIDE PLAZA. #1545 400  
CHICAGO IL 60606

~~ANN M SCHNEIDER~~  
2 N. RIVERSIDE PLAZA. #1545 400  
CHICAGO IL 60606-2608

c/o L. Currie

c/o L. Currie

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3907904**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

000003097510--6

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Stonebraker	
STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Nesti	
STREET ADDRESS	2 N. Riverside Plaza, Chicago, IL	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Greenberg	
STREET ADDRESS	2 N. Riverside Plaza, Chicago, IL	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hermann	
STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karyn Tomillo	
STREET ADDRESS	Two N. Riverside Plaza, Suite 400	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hermann	
STREET ADDRESS	203 N. LaSalle, Suite 1800, Chicago, IL	
CITY-ST-ZIP		

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

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20209010  
(Sub Account)

DATE: 1-13

REQUESTOR NAME: LEXIS

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

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

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

CORPORATION NAME: F96-586

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

AUTHORIZATION: C. Woodyard

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

- |   |  |                                     |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up    |
| <input type="checkbox"/> Mail Out                   |  |                                     |
- KE**