

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90033 041 ***150.00

DOCUMENT # F96000001021

1. Corporation Name
EQR-OXFORD & SUSSEX VISTAS, INC.

Principal Place of Business
C/O ANN SCHNEIDER
2 N. RIVERSIDE PLAZA #1515
CHICAGO IL 60606

Mailing Address
C/O ANN SCHNEIDER
2 N. RIVERSIDE PLAZA #1515
CHICAGO IL 60606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

36-3907883

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VT DELETE
NAME GREENBERG, ARTHUR A
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

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

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

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

TITLE D DELETE
NAME STONEBRAKER, KELLY
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MAR 22 1999

312 466 3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider Secretary

Date

Daytime Phone #

CR2E034 (1/198)