

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1/2003-90045-023-\$150.00-\$150.00

DOCUMENT # F96000001021

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



FILED
03 APR 18 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O L CURRIE
2 N. RIVERSIDE PLAZA #400
CHICAGO IL 60606**

Mailing Address
**C/O L CURRIE
2 N. RIVERSIDE PLAZA #400
CHICAGO IL 60606**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **36-3907883**

Applied For
 Not Applicable

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 **CT Corporation System**

Street Address (P.O. Box Number if Not Acceptable)
1200 S. Pine Island Rd

City **Plantation FL** Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Christine M. Eastwind** **4/16/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) Assistant Secretary DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEITHERCUT, DAVID 2 N. RIVERSIDE PLAZA CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUWE, YASMINA 2 N. RIVERSIDE PLAZA CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CURRIE, LISA 2 N. RIVERSIDE PLAZA CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROHM, BRUCE 2 N. RIVERSIDE PLAZA CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUNCK, SHELLEY TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARBARA Shuman Two N. Riverside Plaza Chgo, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Barbara Shuman** **3/24/03** **312-474-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Asst. Sec.) Date Daytime Phone #

CR2E034 (10/02)