

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000375

FILED
Apr 25, 2006
Secretary of State

Entity Name: EQUITY CORPORATE HOUSING, INC.

Current Principal Place of Business:

7081 GRAND NATIONAL DRIVE
107
ORLANDO, FL 32819

New Principal Place of Business:

TWO N. RIVERSIDE PLAZA, STE.
400
CHICAGO, IL 60606

Current Mailing Address:

2 N. RIVERSIDE PLAZA, STE. 400
ATTN: L. CURRIE
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 31-1256641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEITHERCUT, DAVID J
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: SPECTOR, GERALD A
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: STROHM, BRUCE C
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: P () Delete
Name: HOFFMAN, BILL
Address: TWO N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: VP () Delete
Name: POTTS, TAMARA
Address: TWO N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: S () Delete
Name: SHUMAN, BARBARA
Address: TWO N. RIVERSIDE PLANT
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHUMAN

S

04/25/2006

Electronic Signature of Signing Officer or Director

Date