

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F99000000375

1. Entity Name
EQUITY CORPORATE HOUSING, INC.



06 NOV 16 PM 2:33

Principal Place of Business TWO N. RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606	Mailing Address 2 N. RIVERSIDE PLAZA, STE. 400 ATTN: L. CURRIE CHICAGO, IL 60606
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address TWO NORTH RIVERSIDE PLZ Suite, Apt. #, etc.
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City & State CHICAGO, IL	4. FEI Number 31-1256641
Zip 60606	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



11152006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
980081985759
11/21/06--01036--012 **61.25
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

PLEASE SEE ATTACHED

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITHERCUT, DAVID J TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, GERALD A TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, BILL TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POTTS, TAMARA TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUMAN, BARBARA TWO N. RIVERSIDE PLANT CHICAGO, IL 60606 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA BENNETT TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNA BRANDIN TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK PARRELL TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK HULCH TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ASSISTANT SECRETARY YASMINA DUWE TWO NORTH RIVERSIDE PLAZA, CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERALD SPECTOR TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Shuman **BARBARA SHUMAN** **11.15.06** **212 474 1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #