

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90083 048 ***150.00

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DOCUMENT # F99000000375

1. Entity Name
EQUITY CORPORATE HOUSING, INC.



Principal Place of Business
**7081 GRAND NATIONAL DRIVE
107
ORLANDO FL 32819**

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **31-1256641**

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

CHECK HERE IF MAKING CHANGES

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 is Not Acceptable)
1200 S. Pine Island Rd
City **Plantation 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 | D <input type="checkbox"/> Delete NEITHERCUT, DAVID J TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SPECTOR, GERALD A TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP <input checked="" type="checkbox"/> Delete PEDERSON, JEFFERY D 11260 CHESTER ROAD CINCINNATI OH 45246 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPT <input checked="" type="checkbox"/> Delete KEBE, SHARON 11260 CHESTER ROAD CINCINNATI OH 45246 |
| 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 President Bill HOFFMAN TWO N. Riverside Plaza Chgo, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President TAMARA POTTS TWO N. Riverside Plaza Chicago, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary BARBARA SHUMAN TWO N. Riverside Plaza Chicago, IL 60606 |

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: Barbara Shuman **REQUIRE** Barbara Shuman, Sec. **4/1/03**
DATE: _____ DAYTIME PHONE: **312-474-1300**

CR2E034 (10/02)