


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 019 ***150.00

DOCUMENT # F99000006325 1. Entity Name EQR-GOVERNOR'S VISTAS, INC.					
Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606			Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMANN, WILLIAM C		NAME	<i>Hermann William</i>	
STREET ADDRESS	203 N. LASALLE ST., STE. 1800		STREET ADDRESS	<i>2 N. Riverside Plaza Ste 400</i>	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	<i>Chicago, IL 60606</i>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHIPPS, JAMES		NAME		
STREET ADDRESS	203 N. LASALLE ST., STE. 1800		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONEBRAKER, KELLY		NAME	<i>Stonebraker Kelly</i>	
STREET ADDRESS	203 N. LASALLE ST., STE. 1800		STREET ADDRESS	<i>2 N. Riverside Plaza</i>	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	<i>Chicago, IL 60606</i>	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, LESLIE		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, ARTHUR A		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESTI, PATTI		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
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: <i>Leslie A. Foley VP</i> LESLIE A. FOLEY			Date <i>4-21-04</i> Daytime Phone # <i>312-474-1300</i>		