

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000891

**Entity Name:** EQR-LINCOLN VILLAGE I VISTAS, INC.

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC7231160525**

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606 US

**FEI Number: 36-3907908**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CRIZ, JESSE  
Address 2 N RIVERSIDE PLAZA, SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title VD  
Name PHIPPS, JAMES  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title V  
Name NESTI, PATTI  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title VAS  
Name MAHER, CHRISTOPHER A.  
Address 2 N RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title V  
Name GREENBERG, ARTHUR  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name GROGAN, LINDA  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name HASKELL, SHELANDA  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name GREENBERG, ARTHUR A.  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER MAHER**

**VICE PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PHIPPS , JAMES M.  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name CRIZ, JESSE  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name GREENBERG, ARTHUR A.  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name MAHER, CHRISTOPHER A.  
Address TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
City-State-Zip: CHICAGO IL 60606