

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000891

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

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 LAPELLE, MICHELLE
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

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: MICHELLE LAPELLE

ASSISTANT SECRETARY 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date