

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000892

Entity Name: EQR-LINCOLN VILLAGE II 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:** 36-3907904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
FORT LAUDERDALE, 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 PRESIDENT, DIRECTOR
Name CRIZ, JESSE
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 ASSISTANT SECRETARY, VP
Name MAHER, CHRISTOPHER A.
Address TWO NORTH RIVERSIDE PLAZA
 SUITE 400
City-State-Zip: CHICAGO IL 60606

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

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

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

Title VP
Name NESTI, PATRICIA
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: CHRISTOPHER A. MAHER**ASSISTANT SECRETARY 04/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date