

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003087

Entity Name: EQR-BRETON HAMMOCKS VISTAS, INC.

FILED
Apr 17, 2014
Secretary of State
CC5366805677

Current Principal Place of Business:

2 N RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606

Current Mailing Address:

2 N RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606 US

FEI Number: 36-3907873

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 PD
Name CRIZ, JESSE
Address TWO N. RIVERSIDE PLAZA, STE. 400
City-State-Zip: CHICAGO IL 60606

Title VD
Name NESTI, PARTICIA
Address 2 N. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL

Title T
Name GREENBERG, ARTHUR
Address 2 N. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL

Title VD
Name PHIPPS, JAMES
Address TWO N. RIVERSIDE PLAZA, STE. 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 VSD
Name GREENBERG, ARTHUR A
Address TWO N. RIVERSIDE PLAZA, STE. 400
City-State-Zip: CHICAGO IL 60606

Title VP
Name GROGAN, LINDA
Address 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606

Title VP
Name HASKELL, SHELANDA D.
Address 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606

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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 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606

Title VP
Name GREENBERG, ARTHUR A.
Address 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606

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

Title DIRECTOR
Name GREENBERG, ARTHUR A.
Address 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606

Title VP
Name MAHER, CHRISTOPHER A.
Address 2 N RIVERSIDE PLAZA
SUITE 400
City-State-Zip: CHICAGO IL 60606