

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000004021

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC9135499935**

**Entity Name:** EQR-SWN LINE VISTAS, INC.

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA, SUITE 1600  
CHICAGO, IL 60606

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA, SUITE 1600  
CHICAGO, IL 60606 US

**FEI Number: 36-3906988**

**Certificate of Status Desired: No**

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

CT CORPORATION  
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 1600  
City-State-Zip: CHICAGO IL 60606

Title            SECRETARY, TREASURER,  
                  DIRECTOR, VP  
Name            GREENBERG, ARTHUR A.  
Address        TWO NORTH RIVERSIDE PLAZA,  
                  SUITE 1600  
City-State-Zip: CHICAGO IL 60606

Title            ASSISTANT SECRETARY, VP  
Name            MAHER, CHRISTOPHER A.  
Address        TWO NORTH RIVERSIDE PLAZA,  
                  SUITE 1600  
City-State-Zip: CHICAGO IL 60606

Title            VP, DIRECTOR  
Name            PHIPPS, JAMES M.  
Address        TWO NORTH RIVERSIDE PLAZA,  
                  SUITE 1600  
City-State-Zip: CHICAGO IL 60606

Title            VP  
Name            GROGAN, LINDA  
Address        TWO NORTH RIVERSIDE PLAZA,  
                  SUITE 1600  
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,    04/10/2015**  
**VP**

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

\_\_\_\_\_  
Date