## REFERENCE: (Sub Account) -50-03 DATE: Document Services REQUESTOR HAND: ADDRESS: TELEPHONE: ) oxt ( CONTACT NAME: EQR-Lincoln Village II File Qualitica DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) EERTIFICATE OF STATUS (1-1) PLAIN STAMPED COPY 700004961557--1 Call When Roady ) Call if Problom ) Will Walt ) After 4:30 Walk In Mail Out Pick Up

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBM REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: See attachen	
Address:	TALSO TO
	至 8 二
Vice Chairman	SSE O
Vice Chairman:	
Address:	
	500
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
President: See attacked	
Address:	
Vice Precident	,
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	-
	<b>S.</b>
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Shelanda Haskell, UP	
(Typed or printed name and capacity of person signing application)	

## <u>DIRECTORS AND OFFICERS</u>

Kelly Stonebraker 203 North LaSalle St., Suite 1800 Chicago, IL 60601

Director

James Phipps

203 North LaSalle St., Suite 1800

Chicago, IL 60601

Director

William Hermann

203 North LaSalle St., Suite 1800

Chicago, IL 60601

Director

Kelly Stonebraker

203 North LaSalle St., Suite 1800

Chicago, IL 60601

President

James Phipps

203 North LaSalle St., Suite 1800

Chicago, IL 60601

Vice President

Patti Nesti

Two North Riverside Plaza, Suite 400

Chicago, IL 60606

Vice President

Leslie Foley

Two North Riverside Plaza, Suite 400

Chicago, IL 60606

Vice President

Karyn Tomillo

Two North Riverside Plaza

Chicago, Illinois 60606

Vice President

Vice President

Arthur Greenberg

Two North Riverside Plaza

Chicago, Illinois 60606

Shelanda Haskell

Two North Riverside Plaza

Chicago, Illinois 60606

Vice President

William Hermann

Two North Riverside Plaza

Chicago, Illinois 60606

Karyn Tomillo

Two North Riverside Plaza

Chicago, Illinois 60606

Arthur Greenberg

Two North Riverside Plaza

Chicago, Illinois 60606

Secretary

Assistant Secretary

Treasurer



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In I	est	timor	ıy	Whe	ere	<b>of,</b> I, I	hereto	set
hand	and c	cause to	be	affixed	the	Great	<u>Se</u> al e	of

the State of Illinois this day of \_\_\_\_\_ A.D. \_\_\_\_

Desse White