FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003132 (8)**

1. Corporation Name
BALCOR EQUITY PENSION INVESTORS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4849 GOLF ROAD SKOKIE IL 60077	4849 GOLF ROAD SKOKIE IL 60077

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 2355 Waukegan Rd.	26 2355 Waukegan Rd.
22 Suite A200	27 Suite A200
23 Bannockburn, IL	28 Bannockburn, IL
24 Zip 60015 / 25 Country	29 Zip 60015 / 30 Country

4. FEI Number: 36-3240631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. #105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	C/P/CEO/D	☒ Change ☐ Addition
NAME	MEADOR, THOMAS E	12 NAME		
STREET ADDRESS	~~4849 GOLF ROAD~~	13 STREET ADDRESS	2355 Waukegan Rd, Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	14 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	~~EVST~~	21 TITLE	Executive V	☒ Change ☐ Addition
NAME	~~WOOD, ALLAN~~	22 NAME	Allan Wood	
STREET ADDRESS	~~4849 GOLF ROAD~~	23 STREET ADDRESS	2355 Waukegan Rd., Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	24 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	~~SV~~	31 TITLE		☒ Change ☐ Addition
NAME	DARRAGH, ALEXANDER J	32 NAME		
STREET ADDRESS	~~4849 GOLF ROAD~~	33 STREET ADDRESS	2355 Waukegan Rd., Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	34 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	~~SV~~	41 TITLE	V/S	☐ Change ☒ Addition
NAME	~~LUTZ, ROBERT H JR.~~	42 NAME	Jerry M. Ogle	
STREET ADDRESS	~~4849 GOLF ROAD~~	43 STREET ADDRESS	2355 Waukegan Rd., Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	44 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	~~VP~~	51 TITLE	Senior V/CFO/T/Asst. S/D	☐ Change ☒ Addition
NAME	~~O'HANLON, MICHAEL J~~	52 NAME	Brian D. Parker	
STREET ADDRESS	~~4849 GOLF ROAD~~	53 STREET ADDRESS	2355 Waukegan Rd., Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	54 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	~~V~~	61 TITLE	Senior V	☐ Change ☒ Addition
NAME	~~BARRA, GINO A~~	62 NAME	Daniel A. Duhig	
STREET ADDRESS	~~4849 GOLF ROAD~~	63 STREET ADDRESS	2355 Waukegan Road, Suite A200	
CITY-ST-ZIP	~~SKOKIE IL 60077~~	64 CITY-ST-ZIP	Bannockburn, IL 60015	

See Attached List for Additional Officers

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Jerry M Ogle Jerry M. Ogle, Vice Pres. & Sec. 4-21-95 (708)677-2900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (LIMIT ONE OFFICER OR DIRECTOR) Date Daytime Telephone #

CP

F9300023132

ADDITIONAL OFFICERS

Senior Vice President	Josette Goldberg
Senior Vice President	Alan Lieberman

The address of record for the above officers is:

Bannockburn Lake Office Plaza
2355 Waukegan Road
Suite A200
Bannockburn, Illinois 60015