

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 13 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # F93000005486

1. Corporation Name

EQR-Woodlake Vistas, Inc.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/2/93	3a. Date of Last Report
4. FEI Number 36-3927571	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President	1.1 TITLE	☐ Change ☐ Addition
NAME	Donald J. Liebentritt	1.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	1.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	1.4 CITY- ST- ZIP	
TITLE	Director/VP	2.1 TITLE	☐ Change ☐ Addition
NAME	James M. Phipps	2.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	2.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	2.4 CITY- ST- ZIP	
TITLE	Director/VP/Treasurer	3.1 TITLE	☐ Change ☐ Addition
NAME	Arthur A. Greenberg	3.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	3.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	3.4 CITY- ST- ZIP	
TITLE	Secretary	4.1 TITLE	☐ Change ☐ Addition
NAME	Ann M. Schneider	4.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	4.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	4.4 CITY- ST- ZIP	
TITLE	Asst. Secretary	5.1 TITLE	☐ Change ☐ Addition
NAME	Marlene C. Kosfeld	5.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	5.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 110.07(3)(b), 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 not listed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann M. Schneider, Secretary

3/8/95

312-466-3607

3-13-95 JW