

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 022 ***150.00

DOCUMENT # F94000003773

1. Entity Name
EQR-HERON RUN VISTAS, INC.



Principal Place of Business
**C/O L. CURRIE
2 N. RIVERSIDE PLAZA
CHICAGO, IL 60606**

Mailing Address
**C/O L. CURRIE
2 N. RIVERSIDE PLAZA
CHICAGO, IL 60606**

03001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-3991100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STONEBRAKER, KELLY**
STREET ADDRESS **203 N. LASALLE, SUITE 1800**
CITY-ST-ZIP **CHICAGO, IL**

TITLE ☒ Change ☐ Addition
NAME **Stonebraker, Kelly**
STREET ADDRESS **2 N. Riverside Plaza**
CITY-ST-ZIP **Chicago, IL 60606**

TITLE **VP** ☐ Delete
NAME **NESTI, PATRICIA**
STREET ADDRESS **2 N. RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GREENBERG, ARTHUR**
STREET ADDRESS **2 N. RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HERMANN, WILLIAM**
STREET ADDRESS **203 N. LASALLE, SUITE 1800**
CITY-ST-ZIP **CHICAGO, IL**

TITLE ☒ Change ☐ Addition
NAME **HERMANN, William**
STREET ADDRESS **2 N. Riverside Plaza**
CITY-ST-ZIP **Chicago, IL 60606**

TITLE **D** ☐ Delete
NAME **HERMANN, WILLIAM**
STREET ADDRESS **203 N. LASALLE, SUITE 1800**
CITY-ST-ZIP **CHICAGO, IL**

TITLE ☒ Change ☐ Addition
NAME **HERMANN, William**
STREET ADDRESS **2 N. Riverside Plaza**
CITY-ST-ZIP **Chicago, IL 60606**

TITLE **AS** ☐ Delete
NAME **TOMILLO, KARYN**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karyn L. Tomillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARYN L. TOMILLO

Date

4-21-04

Daytime Phone #

312-474-1300