

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90166 022 ***150.00

DOCUMENT # F94000005683

1. Entity Name

EQR-PORT ROYALE VISTAS, INC.

Principal Place of Business

**C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606**

Mailing Address

**C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-3990116

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

LEXIS DOCUMENT SERVICES INC.**3953 WW KELLEY RD.****TALLAHASSEE FL 32311**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. 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
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **NESTI, PATRICIA**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **GREENBERG, ARTHUR**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HERMANN, WILLIAM**
STREET ADDRESS **203 N. LASALLE, SUITE 1800**
CITY-ST-ZIP **CHICAGO IL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **TOMILLO, KARYN**
STREET ADDRESS **TWO N. RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **HERMANN, WILLIAM**
STREET ADDRESS **203 N. LASALLE, SUITE 1800**
CITY-ST-ZIP **CHICAGO IL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Nesti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 312-474-1300

CR2E034 (9/01)