2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400006507 FILED EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP. I ni JAN 23 PM 1: 12 SECRETARY OF STATE Principal Place of Business Mailing Address TALEAHASSEE, FLORIDA C/O LISA CURRIE C/O LISA CURRIE 2 N. RIVERSIDE PLAZA 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3989634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE ☐ Delete TITLE NAME HERMANN, WILLIAM NAME STREET ADORESS STREET ADDRESS 203 NORTH LASSALLE STREET CITY-ST-7IP CITY-ST-7IP CHICAGO IL ☐ Change Addition TITLE ☐ Delete TITLE NAME TUOMI, FREDERICK C NAME STREET ADDRESS STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE ... Delete BEIHOFFER. DENISE NAME NAME STREET ADDRESS 2 N. RIVERSIDE PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE ☐ Delete TITLE ☐ Change Addition CURRIE, LISA NAME NAME STREET ADDRESS STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Delete TITLE ☐ Change ☐ Addition TITLE NAME SMITH, GREGORY H NAME STREET ADDRESS STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 LORI DELOIAN Change TITLE ☐ Addition TIT! F Delete two N. Riversine Plaza SHELSTAD, LORI P NAME NAME STREET ADDRESS STREET ADDRESS 2 N. RIVERSIDE PLAZA Chicago, IL (0000 b CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1115(01)12-419-150C

FCA000000005 ACCOUNT NUMBER: REFERENCE: (Sub Account) DATE: Document Services REQUESTOR HAME: ADDRESS: ____) oxt (____ TELEPHONE: CONTACT NAME: CORPORATION NAME: 119 DOCUMENT NUMBER: (ir applicable) CERTIFIED COPY (1-9)
CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY) After 4:30) Call if Problem) Call When Ready) Pick Up) Will Walt) Walk In) Mail Out