

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90015 013 \*\*\*150.00

**DOCUMENT # F94000006507**

**1. Entity Name**  
**EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP. I**

**Principal Place of Business**

**C/O LISA CURRIE**  
**2 N. RIVERSIDE PLAZA**  
**CHICAGO IL 60606**

**Mailing Address**

**C/O LISA CURRIE**  
**2 N. RIVERSIDE PLAZA**  
**CHICAGO IL 60606**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**36-3989634**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEXIS DOCUMENT SERVICES INC.**  
**3953 WW KELLEY ROAD**  
**ALLAHASSEE FL 32311**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

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**

**OFFICERS AND DIRECTORS**

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ADDRESS ST-ZIP	<b>D</b> <b>HERMANN, WILLIAM</b> <b>203 NORTH LASSALLE STREET</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>P</b> <b>TUOMI, FREDERICK C</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>V</b> <b>BEIHOFFER, DENISE</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>S</b> <b>CURRIE, LISA</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>D</b> <b>SMITH, GREGORY H</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>VP</b> <b>DELOIAN, LORI</b> <b>TWO N. RIVERSIDE PLAZA</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**3. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)