

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90238 033 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd**  
City **Plantation** FL Zip Code **33324**

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.

**Christine M. Eastwind**  
**Assistant Secretary**

SIGNATURE *[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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HERMANN, WILLIAM**  
STREET ADDRESS **203 NORTH LASSALLE STREET**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **P** ☐ Delete  
NAME **TUOMI, FREDERICK C**  
STREET ADDRESS **2 N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **V** ☐ Delete  
NAME **BEHOFFER, DENISE**  
STREET ADDRESS **2 N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **S** ☐ Delete  
NAME **CURRIE, LISA**  
STREET ADDRESS **2 N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **D** ☐ Delete  
NAME **SMITH, GREGORY H**  
STREET ADDRESS **2 N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VP** ☐ Delete  
NAME **DELOIAN, LORI**  
STREET ADDRESS **TWO N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **DAVID NEITHERCUT**  
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **P** ☒ Change ☐ Addition  
NAME **GERALD SPECTOR**  
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO, IL 60606**

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

TITLE **S** ☒ Change ☐ Addition  
NAME **BARBARA SHUMAN**  
STREET ADDRESS **TWO N. RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHGO, IL 60606**

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **KATHLEEN AUSTIN**  
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA**  
CITY-ST-ZIP **CHICAGO, IL 60606**

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:

*[Signature]* **Barbara Shuman** 3/24/03 312-44-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)