

2000 UNIFORM BUSINESS REPORT (UBR)

0652054

DOCUMENT # F96000000587
 1. Entity Name
EQR-LINCOLN VILLAGE III VISTAS, INC.

FILED
 00 JAN 13 PM 1:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~C/O ANN M SCHNEIDER~~ ~~C/O ANN M SCHNEIDER~~
 2 N. RIVERSIDE PLAZA. #1815 400 2 N. RIVERSIDE PLAZA. #1815 400
 CHICAGO IL 60606 CHICAGO IL 60606-2608
 c/o L. Currie c/o L. Currie



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

4. FEI Number **36-3907898** Applied For
 Not Applicable

3. Mailing Address Suite, Apt. #, etc.
 City & State

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 RD.
 TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 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. **300003097509--9**

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBENTRITT, DONALD J 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GREENBERG, ARTHUR A 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHIPPS, JAMES M 2 N. RIVERSIDE PLAZA CHICAGO IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNEIDER, ANN M 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOSFELD, MARLENE C 2 N. RIVERSIDE PLAZA CHICAGO IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONEBRAKER, KELLY 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly Stonebraker 203 N. LaSalle, Suite 1800, Chicago, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia Nesti 2 N. Riverside Plaza, Chicago, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arthur Greenberg 2 N. Riverside Plaza, Chicago, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Hermann 203 N. LaSalle, Suite 1800, Chicago, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karyn Tomillo Two N. Riverside Plaza, Suite 400 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Hermann 203 N. LaSalle, Suite 1800, Chicago, IL

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: *Kelly Stonebraker* VP Date: 1/11/00 Daytime Phone #: 312-474-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20209010
(Sub Account)

DATE: 1-13

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: () (-) ext ()

CONTACT NAME: _____

CORPORATION NAME: F96-587

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait

- After 4:30
- Pick Up

RECEIVED
 00 JAN 13 AM 11:57:30
 DEPARTMENT OF STATE
 DIVISION OF CORPORATION
 TALLAHASSEE, FLORIDA
 KE