

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003560

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: EQUITY OFFICE PROPERTIES MANAGEMENT CORP.

## Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

## New Principal Place of Business:

## Current Mailing Address:

C/O ANN M. SCHNEIDER  
2 N RIVERSIDE PLAZA, #1600  
CHICAGO, IL 60606

## New Mailing Address:

FEI Number: 36-4163462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KINCAID, RICHARD D  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: DVS ( ) Delete  
Name: STEVENS, STANLEY M  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: ARNOLD, JEFFREY  
Address: 2 N. RIVERISDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: VT ( ) Delete  
Name: FEAR, MAUREEN O  
Address: 2 N RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: DV ( ) Delete  
Name: WILLIAMS, MARSHA  
Address: 2 NORTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: P ( ) Delete  
Name: OWEN, PEYTON H  
Address: 2 NORTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY ARNOLD

VP

03/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date