

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F99000000375

1. Entity Name
EQUITY CORPORATE HOUSING, INC.



06 NOV 16 PM 2:33

Principal Place of Business
TWO N. RIVERSIDE PLAZA, STE.
400
CHICAGO, IL 60606

Mailing Address
2 N. RIVERSIDE PLAZA, STE. 400
ATTN: L. CURRIE
CHICAGO, IL 60606



2. Principal Place of Business

3. Mailing Address

TWO NORTH RIVERSIDE PLZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11152006 Chg-P CR2E034 (11/05)

City & State

City & State

CHICAGO, IL

4. FEI Number
31-1256641

Applied For
Not Applicable

Zip

Country

Zip

60606

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

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

980081985759
11/21/06--01036--012 **61.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

PLEASE SEE ATTACHED

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME NEITHERCUT, DAVID J ☐ Delete
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO, IL 60606

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

TITLE D
NAME SPECTOR, GERALD A ☐ Delete
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO, IL 60606

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

TITLE D
NAME STROHM, BRUCE C ☐ Delete
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO, IL 60606

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

TITLE P
NAME HOFFMAN, BILL ☐ Delete
STREET ADDRESS TWO N. RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO, IL 60606

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

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

TITLE VP/ASSISTANT SECRETARY
NAME YASMINA DUWE ☐ Change ☒ Addition
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, CHICAGO, IL 60606

TITLE S
NAME SHUMAN, BARBARA ☐ Delete
STREET ADDRESS TWO N. RIVERSIDE PLANT
CITY- ST- ZIP CHICAGO, IL 60606

TITLE T
NAME GERALD SPECTOR ☐ Change ☒ Addition
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 exemptions contained 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 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:

Barbara Shuman

BARBARA SHUMAN

11.15.06

212 474 1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #