

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005858

1. Entity Name

EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP.

Principal Place of Business

ATTN: LISA CURRIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CHICAGO IL 60606

Mailing Address

ATTN: LISA CURRIE  
TWO NORTH RIVERSIDE PLAZA, SUITE 400  
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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 W.W. KELLEY ROAD  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 V  
NAME GAST, MICHAEL  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE VAS  
NAME MATZ, JANE  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE VAS  
NAME RAHAL, YASMINA  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE VAS  
NAME RENCH, JENNIFER  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE V  
NAME WETZEL, MARK  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE V  
NAME WOLF, KATHLEEN  
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400  
CITY-ST-ZIP CHICAGO IL 60606 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500003672895-9

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
~~500003672895-6~~

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
Secretary  
LISA CURRIE  
TWO N. RIVERSIDE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 FEB -9 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3899384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR 02024 (1/01/99)