

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90015 012 ***150.00

0570467 AV

DOCUMENT # F99000005858
 1. Entity Name
EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP.

Principal Place of Business Mailing Address
ATTN: LISA CURRIE **ATTN: LISA CURRIE**
TWO NORTH RIVERSIDE PLAZA, SUITE 400 **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CHICAGO IL 60606 **CHICAGO IL 60606**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3899384**

Applied For
 Not Applicable

Zip Country Zip 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

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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 _____ 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	GAST, MICHAEL	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MATZ, JANE	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	RAHAL, YASMINA	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	RENCH, JENNIFER	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	WETZEL, MARK	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRIE, LISA	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE 400	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duwe, YASMINA	
STREET ADDRESS	TWO N. Riverside Plaza, Ste 400	
CITY-ST-ZIP	Chgo, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jennifer Rench **REQUIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 312-474-1300
 Date Daytime Phone #

CR2E034 (9/01)