2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

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Entity Name: EQUITY RESIDENTIAL PROPERTIES MANAGEMENT CORP.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-3899384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAN RD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: V
Name: GAST, MICHAEL
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VAS
Name: MATZ, JANE
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VP
Name: STROHM, BRUCE
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: S
Name: LAPELLE, MICHELLE
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: P
Name: NEITHERCUT, DAVID
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: PARRELL, MARK
Address: TWO N. RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LAPELLE S 04/09/2012

Electronic Signature of Signing Officer or Director Date