

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-31-2003 90238 034 ***150.00

**2003 FOR PROFIT CORPORATION
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

4. FEI Number 36-3899384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May-1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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 DUWE, 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 S
NAME CURRIE, LISA
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, STE 400
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE S
NAME BARBARA SHUMAN
STREET ADDRESS TWO N. Riverside Plaza
CITY-ST-ZIP Chgo IL 60606 ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Shuman

REQUIRED

Barbara Shuman

3/24/03

312-474-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary

CR2E034 (10/02)