

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08018

1. Entity Name

ASSOCIATION & CONSUMER MARKETING SERVICES CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90058 017 ***150.00

Principal Place of Business

Mailing Address

#1 HORACE MANN PLAZA
SPRINGFIELD IL 62715

#1 HORACE MANN PLAZA
SPRINGFIELD IL 62715-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1083097

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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. SEE ATTACHED OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BECKER, LARRY K. #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVT BARNETT, DIANE M #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARDOS, PAUL J. #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INKEL, ALBERT E. #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M. #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SACCO, LINDA L. #1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hilane Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00

217-788-5385

CR25034 (9/00)

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Attachment
725884

ASSOCIATION & CONSUMER MARKETING SERVICES CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As of January 25, 2000

TITLE	NAME	OFFICE ADDRESS
TV	HENDERSON, J. MICHAEL	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
DV	ZOCK, GEORGE J.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	FISHER, ROGER W.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CHRISTIAN, ANGELA S.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
C	EGIZII, MARY JO	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	VIGNOLA, MICHAEL	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715