2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # 691185 KEMPER CORPORATION 02-08-2001 90404 001 ***300.00 Principal Place of Business Malling Address 300 BEACH DR NE 300 BEACH DR NE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 Principal Place of Business 3. Mailing Address Truc MPS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE P.O. Box City & State Applied For 4. FEI Number 59-2156686 Not Applicable Country \$8.75 Additional Certificate of Status Desired <u>34603-0 18</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 300 BEACH DR NE ST. PETERSBURG FL 33701 Zip Çode 34*6*01 - 323 6 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCCONNAN, LINDA NAME NAME 8223-93A AVENUE STREET ADDRESS STREET ADDRESS EDMONTON, ALBERTA, CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete EGER, CRAIG LEGER, CRAIG NAME NAME #133 51308 RG RD 22+ 133 BRECKENWOODS STREET ADDRESS STREET ADDRESS SHERWOOD PARK AL CITY-ST-ZIP CITY-ST-ZIP TBC1#3 TITLE TITLE □ Delete LEGER, LANCE NAME NAME STREET ADDRESS 109 BRECKENWOODS STREET ADDRESS CITY-ST-ZIP SHERWOOD PARK AL CITY-ST-ZIP TITLE Delete TITLE LEGER, IDA NAME NAME 8767 STRATHEARN CRES. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDMONTON, ALBERTA, CAN. CITY-ST-ZIP TITLE ☑ Delete Change ☐ Addition TITLE HERRERA, HAROLD NAME NAME STREET ADDRESS 300 BEACH DR NE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: