

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **F93000001609 (7)**

1. Corporation Name
KEMPER REAL ESTATE, INC.



Principal Place of Business

**120 SOUTH LASALLE STREET
13TH FLOOR
CHICAGO IL 60603
US**

Mailing Address

**120 SOUTH LASALLE STREET
13TH FLOOR
CHICAGO IL 60603-3501
US**

3. Date Incorporated or Qualified
04/01/1993

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 **225 W. WASHINGTON ST**

22 **SUITE 1450**

23 **CHICAGO IL 60606**

24 **60606** 25 **USA**

2a. Mailing Address

26 **225 W. WASHINGTON ST**

27 **SUITE 1450**

28 **CHICAGO IL 60606**

29 **60606** 30 **USA**

4. FEI Number

36-3322940

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I acknowledge and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
1.2 NAME **P STEPHENS, FREDERICK**
1.3 STREET ADDRESS **120 S LASALLE ST 13TH**
1.4 CITY-STATE-ZIP **CHICAGO IL**
2.1 TITLE ☐ DELETE
2.2 NAME **DVP**
2.3 STREET ADDRESS **BLACKMON, FREDERICK L**
2.4 CITY-STATE-ZIP **1 KEMPER DRIVE**
3.1 TITLE ☐ DELETE
3.2 NAME **LONG GROVE IL**
3.3 STREET ADDRESS **T**
3.4 CITY-STATE-ZIP **DANIEL, ROBERT A**
4.1 TITLE ☐ DELETE
4.2 NAME **120 S LASALLE**
4.3 STREET ADDRESS **CHICAGO IL**
4.4 CITY-STATE-ZIP **VP**
5.1 TITLE ☐ DELETE
5.2 NAME **CHIHAK, WANDA**
5.3 STREET ADDRESS **3697 MT DIABLO BLVD**
5.4 CITY-STATE-ZIP **LAFAYETTE CA**
6.1 TITLE ☐ DELETE
6.2 NAME **AS**
6.3 STREET ADDRESS **MURRAY, WILLIAM S**
6.4 CITY-STATE-ZIP **120 S LASALLE ST**
7.1 TITLE ☐ DELETE
7.2 NAME **CHICAGO IL**
7.3 STREET ADDRESS **S**
7.4 CITY-STATE-ZIP **REZABEK, DEBRA P**
8.1 TITLE ☐ DELETE
8.2 NAME **1 KEMPER DRIVE**
8.3 STREET ADDRESS **LONG GROVE IL**
8.4 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **225 W. WASHINGTON ST**
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP **CHICAGO IL 60606**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1 KEMPER DRIVE**
3.4 CITY-STATE-ZIP **LONG GROVE IL 60049**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **225 W. WASHINGTON ST**
5.4 CITY-STATE-ZIP **CHICAGO IL 60606**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 provided in this annual report or supplemental annual 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 Part 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

William S. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Murray Asst. Sec 3-17-97

312-236-1513 382

CR2E034 (9/96)