

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

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000000139 (5)

1. Corporation Name  
KEMPER REALTY CORPORATION



Principal Place of Business

1 KEMPER DRIVE  
TAX B-7  
LONG GROVE IL 60049-0001  
US

Mailing Address

1 KEMPER DRIVE  
TAX B-7  
LONG GROVE IL 60049-0001  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1994

4. FEI Number

59-1942480

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1 Kemper Drive

Suite, Apt. #, etc.

22 Tax Acctg, K-8

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Tax Acctg, K-8

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WHITE, WALTER L  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCULLOUGH, F.C.  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NEAL, J E  
222 S RIVESIDE PLAZA  
CHICAGO IL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CONWAY, J.K.  
1 KEMPER DRIVE  
LONG GROVE IL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
STACY, R.B.  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T  
Elstrom, David C  
1 Kemper Drive  
Long Grove IL 60049

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 indicated on 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

DC Elstrom, Treasurer

4/15/98

847-320-2000

CR2E034 (10/97)