

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0551584

DOCUMENT # F94000000139

1. Entity Name

KEMPER REALTY CORPORATION

00 FEB 17 AM 9:27

Principal Place of Business

Mailing Address

1 KEMPER DR  
TAX ACCTG. K-8  
LONG GROVE IL 60049-0001  
US

1 KEMPER DRIVE  
TAX ACCTG. K-8  
LONG GROVE IL 60049-0001  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Kemper Drive

3. Mailing Address

One Kemper Drive

Suite, Apt. #, etc.  
Legal C-3

Suite, Apt. #, etc.  
Legal C-3

City & State

Long Grove, IL

City & State

Long Grove, IL

4. FEI Number 59-1942480

Applied For

Not Applicable

Zip

60049

Country

U.S.

Zip

60049

Country

U.S.

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee

FL

Zip Code  
32301-2525

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

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

Lynette Coleman  
as its agent

2/17/00  
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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WHITE, WALTER L	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOUGH, F.C.	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEAL, J E	
STREET ADDRESS	222 S RIVESIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONWAY, J.K.	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINELLI, MICHAEL JR	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mural R. Josephson	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven C. Andrews	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John K. Conway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

847-320-2000

Daytime Phone #

CR2E034 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 586938 4728366

AUTHORIZATION :

*Patricia Pizito* 2

COST LIMIT : \$ 150.00

ORDER DATE : February 14, 2000

ORDER TIME : 4:14 PM

ORDER NO. : 586938-055

CUSTOMER NO: 4728366

CUSTOMER: Mr. Joseph Funk  
Kemper  
Legal Dept C-3  
1 Kemper Drive  
Long Grove, IL 600490000

ANNUAL REPORT FILING

NAME: KEMPER REALTY CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

*Erika Carlson*

CONTACT PERSON:

EXAMINER'S INITIALS:

*TS*

RECEIVED  
00 FEB 16 PM 4:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA