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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 28 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **F95000000414**

1. Corporation Name
NATLSCO, INC.

Principal Place of Business	Mailing Address
ONE KEMPER DR LONG GROVE IL 60049 US	1 KEMPER DRIVE TAX ACCTG. K-8 LONG GROVE IL 60049 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1995

4. FEI Number
36-3917295

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

8. Does corporation own for current year Intangible Personal Property Tax? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE
Signature, typed or printed name of registered agent, and date (required for all changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	LINDNER, E M		12 NAME	
STREET ADDRESS	ONE KEMPER DR.		13 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049		14 CITY-ST-ZIP	
TITLE	TD	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	WHITE, WALTER L		22 NAME	
STREET ADDRESS	ONE KEMPER DR.		23 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME	O'BRIEN, MARK D		32 NAME	
STREET ADDRESS	ONE KEMPER DR.		33 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049		34 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME	LINDEMANN, ROBERT A.		42 NAME	
STREET ADDRESS	ONE KEMPER DR.		43 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049		44 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME	CONWAY, JOHN K.		52 NAME	
STREET ADDRESS	1 KEMPER DRIVE		53 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: _____ John Conway 4/21/99 847-320-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number