2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000414

1. Entity Name

NATLSCO, INC.

FILED
00 FEB 16 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE KEMPER DR LONG GROVE IL 60049 US	1 KEMPER DRIVE TAX ACCTG. K-8 LONG GROVE IL 60049-0001 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Kemper Drive	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
Zip: 60049 Country: U.S.	Zip: 60049 Country: U.S.

4. FEI Number 36-3917295 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINDNER, E M ONE KEMPER DR. LONG GROVE IL 60049	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHITE, WALTER L ONE KEMPER DR. LONG GROVE IL 60049	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Treasurer Michael McClure One Kemper DRive Long Grove, IL 60049	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, MARK D ONE KEMPER DR. LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDEMANN, ROBERT A. ONE KEMPER DR. LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONWAY, JOHN K. 1 KEMPER DIRVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 800003138078--7	☐ Change ☐ Addition

CR2E034 (9/99)

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 2-10-00 847-320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 586938 4728366

AUTHORIZATION : Patricia Meggs 2

COST LIMIT : $ 150.00

ORDER DATE : February 14, 2000

ORDER TIME : 4:11 PM

ORDER NO. : 586938-035

CUSTOMER NO: 4728366

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

ANNUAL REPORT FILING

NAME: NATLSCO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Kathryn Messina~~ Erika Carlson

EXAMINER'S INITIALS: EC

RECEIVED
FEB 00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA