

2001 UNIFORM BUSINESS REPORT (UBR)

1052
0567138

DOCUMENT # F95000000414

1. Entity Name
NATLSCO, INC.

FILED

01 MAR 12 AM 9:37

Principal Place of Business Mailing Address
ONE KEMPER DRIVE **ONE KEMPER DRIVE**
LEGAL C-3 **LEGAL C-3**
LONG GROVE IL 60049 **LONG GROVE IL 60049**
US **US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3917295		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	T MCCLURE, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	ONE KEMPER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LONG GROVE IL 60049		CITY-ST-ZIP				
TITLE NAME	S CONWAY, JOHN K	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	ONE KEMPER DR.		STREET ADDRESS				
CITY-ST-ZIP	LONG GROVE IL 60049		CITY-ST-ZIP				
TITLE NAME	D O'BRIEN, MARK D	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	ONE KEMPER DR.		STREET ADDRESS				
CITY-ST-ZIP	LONG GROVE IL 60049		CITY-ST-ZIP				
TITLE NAME	D LINDEMANN, ROBERT A.	<input checked="" type="checkbox"/> Delete	TITLE NAME	PC Drago, Patricia A.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	ONE KEMPER DR.		STREET ADDRESS	One Kemper Drive			
CITY-ST-ZIP	LONG GROVE IL 60049		CITY-ST-ZIP	Long Grove, IL 60049			
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 3/6/01 (847)320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

282



ACCOUNT NO. : 072100000032

REFERENCE : 072768 4728366

AUTHORIZATION : *Patricia Pajito*

COST LIMIT : \$ 150

ORDER DATE : March 9, 2001

ORDER TIME : 2:08 PM

ORDER NO. : 072768-010

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson-4728366
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

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: *Carrie Vaughn*
Carol E. Dolor - Ext.

EXAMINER'S INITIALS: _____

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 MAR 12 PM 3:32
 NOT INTENDED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING.