

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F95000000414

1. Entity Name
NATLSO, INC.

FILED

02 APR 25 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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	T MCCLURE, MICHAEL ONE KEMPER DRIVE LONG GROVE IL 60049 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONWAY, JOHN K ONE KEMPER DR. LONG GROVE IL 60049 ☐ Delete
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	PC DRAGO, PATRICIA A ONE KEMPER DR. LONG GROVE IL 60049 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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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

4-15-2002 847/320

Date

Daytime Phone #

CR2E034 (9/01)

PAGE 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 547205 4728366
AUTHORIZATION : *Patricia Pizute*
COST LIMIT : \$ 150.00

ORDER DATE : April 24, 2002
ORDER TIME : 9:52 AM
ORDER NO. : 547205-030
CUSTOMER NO: 4728366
CUSTOMER: Mary Jo Buttstadt, Legal Asst
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:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS:

RECEIVED
02 APR 25 AM 10:30
DIVISION OF CORPORATION