


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90164 033 \*\*\*150.00

**DOCUMENT # F95000000414**

1. Entity Name  
**NATLSCO, INC.**



Principal Place of Business <b>ONE KEMPER DRIVE LEGAL C-3 LONG GROVE IL 60049 US</b>	Mailing Address <del>ONE KEMPER DRIVE</del> <del>LEGAL C-3</del> <del>LONG GROVE IL 60049</del> <b>US</b>
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2. Principal Place of Business <b>ATTN: KNS TAX DEPT</b> Suite, Apt. #, etc. <b>1601 SW 80TH TERR.</b> City & State <b>PLANTATION, FL</b>	3. Mailing Address <b>ATTN: KNS TAX DEPT</b> Suite, Apt. #, etc. <b>1601 SW 80TH TERR.</b> City & State <b>PLANTATION, FL</b>
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CHECK HERE IF MAKING CHANGES

4. FEI Number <b>36-3917295</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCCLURE, MICHAEL</b> <b>ONE KEMPER DRIVE</b> <b>LONG GROVE IL 60049</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HICKEY, WILLIAM A.</b> <b>ONE KEMPER DRIVE</b> <b>LONG GROVE IL 60049</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CONWAY, JOHN K</b> <b>ONE KEMPER DR.</b> <b>LONG GROVE IL 60049</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'BRIEN, MARK D</b> <b>ONE KEMPER DR.</b> <b>LONG GROVE IL 60049</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>DRAGO, PATRICIA A</b> <b>ONE KEMPER DR.</b> <b>LONG GROVE IL 60049</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *[Signature]* **4/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)