

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

0564461

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000000801

1. Corporation Name
KEMPER REGISTRAR SERVICES, INC.

Principal Place of Business
PLAZA ONE BLDG., STE 305
1 STATE HIGHWAY 12
FLEMINGTON NJ 08822-1731

Mailing Address
PLAZA ONE BLDG., STE 305
1 STATE HIGHWAY 12
FLEMINGTON NJ 08822-1731

FILED

99 FEB 15 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

36-4012699

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

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business
21 One Kemper Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 One Kemper Drive
Suite, Apt. #, etc.

City & State
23 Long Grove, IL
Zip Country
24 60049 25

City & State
28 Long Grove, IL
Zip Country
29 60049 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
CD	ROBINSON, STEVE D	ONE KEMPER DRIVE	LONG GROVE IL	<input checked="" type="checkbox"/>
PD	ABRAHMS, LYNN S	ONE KEMPER DRIVE	LONG GROVE IL	<input checked="" type="checkbox"/>
T	HERDMANN, DANIEL J	ONE KEMPER DRIVE	LONG GROVE IL	<input checked="" type="checkbox"/>
S	CONWAY, JOHN K	ONE KEMPER DRIVE	LONG GROVE IL	<input type="checkbox"/>
D	LIDNER, ELIZABETH M	ONE KEMPER DRIVE	LONG GROVE IL	<input type="checkbox"/>
D	SULLIVAN, C D	ONE KEMPER DRIVE	LONG GROVE IL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
President	Walter White	One Kemper Drive	Long Grove, IL 60049	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Michael Finelli, Jr.	One Kemper Drive	Long Grove, IL 60049	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Walter White	One Kemper Drive	Long Grove, IL 60049	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Fredric McCullough	One Kemper Drive	Long Grove, IL 60049	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Conway Secretary

2/8/99

847/320-2000

Daytime Phone #

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 132962 4728366

AUTHORIZATION : *Patricia Project*

COST LIMIT : \$ 150.00

ORDER DATE : February 11, 1999

ORDER TIME : 10:26 AM

ORDER NO. : 132962-005

CUSTOMER NO: 4728366

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

ANNUAL REPORT FILING

NAME: KEMPER REGISTRAR SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie L. Glisar

EXAMINER'S INITIALS: _____

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