

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000801

1. Entity Name

KEMPER REGISTRAR SERVICES, INC.

FILED

01 MAR 12 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 36-4012699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD
NAME JOHNSON, MURAL R
STREET ADDRESS ONE KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

TITLE T
NAME FINELLI, MICHAEL JR
STREET ADDRESS ONE KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

TITLE D
NAME ANDREWS, STEVEN C
STREET ADDRESS ONE KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

TITLE S
NAME CONWAY, JOHN K
STREET ADDRESS ONE KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003850362--7

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway

3/6/01

(847) 320-2000

Date

Daytime Phone #

CR2E034 (10/00)

282



ACCOUNT NO. : 072100000032
REFERENCE : 072768 4728366
AUTHORIZATION : *Patricia P. [signature]*
COST LIMIT : \$ 150

ORDER DATE : March 9, 2001
ORDER TIME : 2:22 PM
ORDER NO. : 072768-055
CUSTOMER NO: 4728366
CUSTOMER: Ms. Susan Wilson-4728366
Kemper,
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

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: *Carrie Vaught*
~~Carol M. Baker~~ Ext. 1134

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 12 PM 3:33
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING