


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115816

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F98000004748</b> 1. Corporation Name <b>INTEGRATED DISABILITY RESOURCES, INC.</b>		

**FILED**

99 AUG 19 PM 4:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>320 W. NEWBERRY BLOOMFIELD CT 06002</b>	Mailing Address <b>320 W. NEWBERRY BLOOMFIELD CT 06002</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>06-1470184</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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: *Deborah D. Skipper* as its agent DATE: **8-19-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGGIN, JOHN</b>	
STREET ADDRESS	<b>320 W. NEWBERRY</b>	
CITY-ST-ZIP	<b>BLOOMFIELD CT 06002</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>NIXA, DAVID</b>	
STREET ADDRESS	<b>320 W. NEWBERRY</b>	
CITY-ST-ZIP	<b>BLOOMFIELD CT 06002</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500002964435--3</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice-President</b>
2.3 STREET ADDRESS	<b>David Nixa</b>
2.4 CITY-ST-ZIP	<b>320 W. Newberry Rd. Bloomfield, CT 06002</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary</b>
3.3 STREET ADDRESS	<b>John Conway</b>
3.4 CITY-ST-ZIP	<b>One Kemper Drive Long Grove, IL 60049</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Director</b>
4.3 STREET ADDRESS	<b>Elizabeth Lindner</b>
4.4 CITY-ST-ZIP	<b>One Kemper Drive Long Grove, IL 60049</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Director</b>
5.3 STREET ADDRESS	<b>William Smith</b>
5.4 CITY-ST-ZIP	<b>One Kemper Drive Long Grove, IL 60049</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Director</b>
6.3 STREET ADDRESS	<b>Michael McClure</b>
6.4 CITY-ST-ZIP	<b>One Kemper Drive Long Grove, IL 60049</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0505, Florida Statutes, and 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.

SIGNATURE: *John Conway* **John Conway** August 10, 1999 **847/320-2000**

CR2E034 (5/99)



ACCOUNT NO. : 072100000032  
 REFERENCE : 342937 4728366  
 AUTHORIZATION :  
 COST LIMIT : \$ 550.00

*Patricia Pizit*

ORDER DATE : August 16, 1999  
 ORDER TIME : 10:32 AM  
 ORDER NO. : 342937-005  
 CUSTOMER NO: 4728366  
 CUSTOMER: Mr. Joseph Funk  
 Kemper  
 Legal Dept C-3  
 1 Kemper Drive  
 Long Grove, IL 600490000

*2*

ANNUAL REPORT FILING

NAME: INTEGRATED DISABILITY  
 RESOURCES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

RECEIVED  
 99 AUG 19 PM 1:40  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

CONTACT PERSON: ~~Sylvia M. White~~

*Janna J. Wilson*

EXAMINER'S INITIALS: TS