

# 2000 UNIFORM BUSINESS REPORT (UBR)

1052  
0001653

**DOCUMENT # F98000004748**

1. Entity Name

**INTEGRATED DISABILITY RESOURCES, INC.**

**FILED**

**00 MAY 26 PM 1:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**320 W. NEWBERRY  
BLOOMFIELD CT 06002**

**320 W. NEWBERRY  
BLOOMFIELD CT 06002-1393**

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

**06-1470184**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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, 2000 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	<b>DPT WIGGIN, JOHN 320 W. NEWBERRY BLOOMFIELD CT 06002</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NIXA, DAVID 320 W. NEWBERRY BLOOMFIELD CT 06002</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONWAY, JOHN ONE KEMPER DRIVE LONG GROVE IL 60049</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LINDER, ELIZABETH ONE KEMPER DRIVE LONG GROVE IL 60049</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, WILLIAM ONE KEMPER DRIVE LONG GROVE IL 60049</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCLURE, MICHAEL ONE KEMPER DRIVE LONG GROVE IL 60049</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003268809-6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**DAVID A. NIXA**

**3/23/00**  
Date

**860-769-5586**  
Daytime Phone # **X3006**

CR2E034 (9/99)

2062



ACCOUNT NO. : 072100000032  
 REFERENCE : 709227 4728366  
 AUTHORIZATION : *Patricia Pizut*  
 COST LIMIT : \$ 550.00

ORDER DATE : May 24, 2000  
 ORDER TIME : 10:01 AM  
 ORDER NO. : 709227-010  
 CUSTOMER NO: 4728366  
 CUSTOMER: Ms. Mary Jo Buttstadt  
 Kemper  
 Legal Dept C-3  
 1 Kemper Drive  
 Long Grove, IL 600490000

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

CONTACT PERSON: Blanca Lozada *JLZ*

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 00 MAY 26 PM 12: 54  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA