

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/30/01  
05/25/01

**DOCUMENT # F98000004748**

1. Entity Name

**INTEGRATED DISABILITY RESOURCES, INC.**

FILED

01 APR 16 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

320 W. NEWBERRY  
BLOOMFIELD CT 06002

Mailing Address

320 W. NEWBERRY  
BLOOMFIELD CT 06002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1470184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT**  Delete  
NAME **WIGGIN, JOHN**  
STREET ADDRESS **320 W. NEWBERRY**  
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **NIXA, DAVID**  
STREET ADDRESS **320 W. NEWBERRY**  
CITY-ST-ZIP **BLOOMFIELD CT 06002**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**100004010671--7**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **SMITH, WILLIAM**  
STREET ADDRESS **ONE KEMPER DRIVE**  
CITY-ST-ZIP **LONG GROVE IL 60049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MCCLURE, MICHAEL**  
STREET ADDRESS **ONE KEMPER DRIVE**  
CITY-ST-ZIP **LONG GROVE IL 60049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

*John K. Conway* **John K. Conway** 4-10-01

CR2E034 (10/00)

2082



ACCOUNT NO. : 072100000032  
REFERENCE : 115113 4728366  
AUTHORIZATION :  
COST LIMIT : \$ 150.00 *Patricia Pignatelli*

ORDER DATE : April 13, 2001  
ORDER TIME : 10:28 AM  
ORDER NO. : 115113-010  
CUSTOMER NO: 4728366  
CUSTOMER: Mary Jo Buttstadt, Legal Asst  
Kemper  
Legal Dept C-3  
1 Kemper Drive  
Long Grove, IL 60049

ANNUAL REPORT FILING

NAME: INTEGRATED DISABILITY  
RESOURCES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: NORMA HULL - Ext. 1115

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

RECEIVED  
01 APR 16 AM 11:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA