2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 8:00 am DOCUMENT # F99000005538 **Secretary of State** 1. Entity Name KEMPER FINANCIAL, INC. 03-27-2001 90021 039 ***150.00 Mailing Address Principal Place of Business 1770 PIPER LANE, SUITE 207 1770 PIPER LANE, SUITE 207 CENTERVILLE OH 45440 CENTERVILLE OH 45440 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1657578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KERIGAN, JACK Street Address (P.O. Box Number is Not Acceptable) **ROUTE 3 BOX 170** PORT ST. JOE FL 32456 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing. \$5.00 May Be-After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. President Change ☐ Addition CDPT ☐ Delete TITLE TITLE Charske, Todd 7725 Paragon Rd, sulte 19 Centerville, OH 45459 CHARSKE, TODD NAME NAME STREET ADDRESS 1770 PIPER LANE, SUITE 207 STREET ADDRESS CITY-ST-ZIP **CENTERVILLE OH 45440** CITY-ST-ZIP vice President VCDV ☐ Addition Delete TITLE TITLE NAME Kerigan, Tim KERIGAN, TIM NAME 7725 Panagon Kd, suite A 18W100 22ND STREET, SUITE 120 STREET ADDRESS STREET ADDRESS Centerville, OH 45459 CITY-ST-ZIP CITY-ST-ZIP OAKBROOK TERRACE IL 60181 ☐ Addition secretary TITLE ☐ Delete TITLE Kerigan, Tim KERIGAN, TIM NAME NAME 7725 Paragon Rd, suite A STREET ADDRESS 18W100 22ND STREET, SUITE 120 STREET ADDRESS Centerville, OH 4545 CITY-ST-7IP CITY-ST-ZIP OAKBROOK TERRACE IL 60181 Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:_

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition