FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



COR ANNU	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COF	I ortham f State		997 8:00am ry of State
	MENT # G0117 SOCIATES, INC.	78 (4)			
Principal Place of Business 1 KEMPER DRIVE. 8-7 LONG GROVE IL 60049-0001 US		Mailing Address 1 KEMPER DRIVE. B-7 LONG GROVE IL 60047-9108 US	1 KEMPER DRIVE. B-7 LONG GROVE IL 60047-9108		START BYAY BYAY START START START START
				3. Date Incorporated or Qualified 09/17/1982	3a. Date of Last Report 04/23/1996
· 4	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# 610	26 Suite, Apt. #, etc.		36-3246744	Not Applicable 88.75 Additional
2	π, CO.	27		5. Certificate of Status Desired	Fee Required
Orty & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
2 3] Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	L. Added to Fees intangible tax under s. 199 032.
24	25	29 60049-0001 30	<u>l</u>	Florida Statutes	X Yes 🔲 No
^T (Name and Address of Cur CORPORATION SYSTEM	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	S. PINE ISLAND ROAD			idress (P.O. Box Number is Not Acceptal	hia)
	NTATION FL 33324			Joress (P.O. Box Number is Not Acceptal	ле)
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508. Florida Statutes.	the above-named c	orporation submits this statement for the	purpose of changing its registered
office or r	egistered agent, or both, in the St	ate of Fiorida. Such change was auth ligations of, Section 607.0505, Florid	forized by the corpo	ration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE					
12.	Signature typed or promot name of registered OFLICERS	agent and lise if applicable (NOTE Re AND DIRECTORS	egistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
uu	PD	X DELETE	1,1 TITLE	PD	X Change Addition
NAME	WHITE, WALTER L.		1.2 NAME	Curran, Robert M.	
STREET ADDRESS	1 KEMPER DRIVE		1.3 STREET ADDRESS	1 Kemper Drive	. 0001
CITY-ST ZIE	LONG GROVE IL VD	XI DELETE:	1.4 CITY-ST-ZIP	Long Grove, IL 60049	Tild Change ☐ Addition
THILF NAME	STEIRER, D. M	TOT DECEME	2.1 TITLE 2.2 NAME	VD	TO CHANGE Addition
S REET ADDRESS	1 KEMPER DR.		23 STREET ADDRESS	Grauzas, Wayne A. l Kemper Drive	
City - \$1 - Zir	LONG GROVE IL	į	2.4 CITY-ST-ZIP	Long Grove, IL 60049	-0001
TIGE	V	X DELETE	3.1 TITLE	<u> </u>	- Change Addition
NAME	NEAL, J. E		3.2 NAME		
STREET ADOPESS	120 S. LA SALLE ST.		3.3 STREET ADDRESS		
01'V - \$1 - ZI-'	CHICAGO IL	X DELETE	3.4. CITY-ST-ZIP	CED	X Change Addition
TITLE NAME	BUTLER, ROBERT J.	M) DECETE	4.1 HILE 4.2 NAME	STD Smith, Robert A.	(V) emilie ⊡ivanimu
STREET ADDRESS	120 S. LASALLE ST.		4.3 STREET ADDRESS	1 Kemper Drive	
COTY - ST - ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	Long Grove, IL 60049	-0001
Tile	T	X) DELETE	5.1 TITLE	, <u> </u>	Change Addition
NAME	STACY, R. B.		5.2 NAME		
STHEET ACCORESS	1 KEMPER DR		5.3 STREET ADDRESS		
City-St-7iP	LONG GROVE IL	X DELETE	5.4 CITY - \$T - ZIP		Change Addition
TIT: F	CONMAY I K	IOT DEFEIG	6.1 TITLE 6.2 NAME		CT OURHRE CT MOUITON
NAME STHEET ASDRESS	CONWAY, J. K. 1 KEMPER DRIVE		6.2 NAME 6.3 STREET ADDRESS		
STHEFT ASSPLESS COLY-SE-ZIP	LONG GROVE IL	İ	6.4 CITY-ST-ZIP		
14 Ldo horel	by certify that the illormation surv	hed with this filing does not qualify for	or the exemption sta	ited in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatic Laru an o	on indicated on this applied report officer or director of the committation	or supplemental annual report is true nor the receiver or trustee empowers	and accurate and to d to execute this re	hat my signature shall have the same leg port as required by Chapter 607, Florida	at effect as if made under cath; tha Statutes; and that my name
аррсата і	in Block 12 or Flory, 1991 Changed	f, or on an attachment with an address	SS.		•

Wayne A. Grauzas, Vice-President

(847) 320-2000

FILED