

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:51

DOCUMENT # **P05996**

(4)

1. Corporation Name

KEMPER/CYMROT MANAGEMENT, INC.

Principal Place of Business

**ONE KEMPER DR.
LONG GROVE IL 60049
US**

Mailing Address

**ONE KEMPER DR.
LONG GROVE IL 60049
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1985

3a. Date of Last Report

02/23/1994

4. FBI Number

94-2850863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	BURNS, JOHN W.
STREET ADDRESS	ONE KEMPER DR.
CITY - ST - ZIP	LONG GROVE IL
TITLE	DP
NAME	NEAL, JOHN E.
STREET ADDRESS	120 S. LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	DVP
NAME	FITZPATRICK, JOHN H.
STREET ADDRESS	ONE KEMPER DR.
CITY - ST - ZIP	LONG GROVE IL
TITLE	S
NAME	GALLICCHIO, KATHLEEN A.
STREET ADDRESS	ONE KEMPER DR.
CITY - ST - ZIP	LONG GROVE IL
TITLE	AT
NAME	MILLIGAN, BRIAN S.
STREET ADDRESS	120 S. LASALLE ST.
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DVP	☐ Change ☒ Addition
1.2 NAME	Stephen B. Timbers	
1.3 STREET ADDRESS	One Kemper Drive	
1.4 CITY - ST - ZIP	Long Grove, IL 60049	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify 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 this 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:

Kathleen A. Gallichio, Secretary

3-24-95

709-320-2468