FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P05996** **(4)**

1. Corporation Name

KEMPER/CYMROT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
ONE KEMPER DR. LONG GROVE IL 60049 US	ONE KEMPER DR. LONG GROVE IL 60049 US

2. Principal Place of Business	2a. Mailing Address
21 120 South LaSalle St	26 120 South LaSalle St
Suite, Apt. #, etc. 22 13th Floor	Suite, Apt. #, etc. 27 13th Floor
City & State 23 Chicago, Il 60603	City & State 28 Chicago, Il 60603
Zip 24 60603 / Country 25 US	Zip 29 60603 / Country 30 US

3. Date Incorporated or Qualified: 05/13/1985

3a. Date of Last Report: 03/31/1995

4. FEI 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 before filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	BURNS, JOHN W.		1.2 NAME	Stephens, Frederick L.	
STREET ADDRESS	ONE KEMPER DR.		1.3 STREET ADDRESS	120 South LaSalle St	
CITY-ST-ZIP	LONG GROVE IL		1.4 CITY-ST-ZIP	Chicago, Il 60603	
TITLE	DP	☒ DELETE	2.1 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	NEAL, JOHN E.		2.2 NAME	Blackmon, Frederick L.	
STREET ADDRESS	120 S. LASALLE ST.		2.3 STREET ADDRESS	1 Kemper Drive	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	Long Grove Il 60049	
TITLE	DVP	☒ DELETE	3.1 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	FITZPATRICK, JOHN H.		3.2 NAME	Scott, John B.	
STREET ADDRESS	ONE KEMPER DR.		3.3 STREET ADDRESS	1 Kemper Drive	
CITY-ST-ZIP	LONG GROVE IL		3.4 CITY-ST-ZIP	Long Grove, Il 60049	
TITLE	S	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GALLICHIO, KATHLEEN A.		4.2 NAME	Rezabek, Debra P.	
STREET ADDRESS	ONE KEMPER DR.		4.3 STREET ADDRESS	1 Kemper Drive	
CITY-ST-ZIP	LONG GROVE IL		4.4 CITY-ST-ZIP	Long Grove, Il 60049	
TITLE	AT	☒ DELETE	5.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	MILLIGAN, BRIAN S.		5.2 NAME	Murray, William	
STREET ADDRESS	120 S. LASALLE ST.		5.3 STREET ADDRESS	120 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	Chicago, Il 60603	
TITLE	DVP	☒ DELETE	6.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	TIMBERS, STEPHEN		6.2 NAME	Daniel, Robert A.	
STREET ADDRESS	ONE KEMPER DRIVE		6.3 STREET ADDRESS	1 Kemper Drive	
CITY-ST-ZIP	LONG GROVE IL		6.4 CITY-ST-ZIP	Long Grove, Il 60049	

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 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Murray Asst Secretary — March 22, 1996 — 312-499-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)