

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05996**

1. Corporation Name

KEMPER/CYMROT MANAGEMENT, INC.

Principal Place of Business

225 W WASHINGTON
STE 1450
CHICAGO IL 60606
US

Mailing Address

225 W WASHINGTON
STE 1450
CHICAGO IL 60606
US

2. Principal Place of Business

21 200 West Adams St

Suite, Apt. #, etc.

22 Suite 2222

City & State

23 Chicago, IL 60

Zip

24 60606

Country

25 USA

2a. Mailing Address

26 200 West Adams St.

Suite, Apt. #, etc.

27 Suite 2222

City & State

28 Chicago, IL

Zip

29 60606

Country

30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1985

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 owes the current year
Intangible Personal Property.

Yes ☐ No ☒

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STEPHENS, FREDERICK L.
STREET ADDRESS 225 W WASHINGTON ST STE 1450
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE

NAME BLACKMON, FREDERICK L.
STREET ADDRESS 1 KEMPER DR
CITY-ST-ZIP LONG GROVE IL

TITLE VD ☐ DELETE

NAME SCOTT, JOHN B.
STREET ADDRESS 1 KEMPER DR
CITY-ST-ZIP LONG GROVE IL

TITLE S ☐ DELETE

NAME REZABEK, DEBRA P.
STREET ADDRESS ONE KEMPER DR.
CITY-ST-ZIP LONG GROVE IL

TITLE AS ☒ DELETE

NAME VERRILLI, TIMOTHY R.
STREET ADDRESS 225 W WASHINGTON ST STE 1450
CITY-ST-ZIP CHICAGO IL 60606

TITLE T ☒ DELETE

NAME DANIEL, ROBERT A.
STREET ADDRESS ONE KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 200 West Adams St., Suite 2222
1.4 CITY-ST-ZIP Chicago, IL 60606

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 Assistant Secretary
5.3 STREET ADDRESS Laura Wesseln
5.4 CITY-ST-ZIP 200 West Adams St., Suite 2222
Chicago, IL 60606

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Treasurer
6.3 STREET ADDRESS David Jorgensen
6.4 CITY-ST-ZIP 1 Kemper Drive
Long Grove, IL 60049

14. 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 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:

Laura Wesseln
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99

Date

Daytime Phone #

630-551-1452

CR2E034 (5/99)

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