FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90009 017 ***550.00

630-551-1452

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).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05996

KEMPER/CYMROT MANAGEMENT, INC.

NAME BLACKMON, FREDERICK L. STREET ADDRESS CITY-ST-ZIP LONG GROVE IL TITLE VD DELETE 3.1 TITLE SCOTT, JOHN B. STREET ADDRESS CITY-ST-ZIP LONG GROVE IL DELETE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP LONG GROVE IL DELETE 4.1 TITLE S REZABEK, DEBRA P. ONE KEMPER DR. STREET ADDRESS CITY-ST-ZIP LONG GROVE IL DELETE 4.1 TITLE S Change Addition ANAE REZABEK, DEBRA P. ONE KEMPER DR. STREET ADDRESS CITY-ST-ZIP LONG GROVE IL A4 CITY-ST-ZIP	STE 1450 CHICAGO IL 6		225 W WASHINGTON STE 1450 CHICAGO IL 60606 '			DO NOT WRIT	E IN THIS SPACE	
2. Principal Place of Business 22 Mellios Address 20 West Address 34.2850863	US		us			' =		
Sulfa, Apt. #, size 27 Sulface 22 Sulface 23 Sulface			2a. Mailing Address	_	_		Applied	For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2222 - 27	21 200 W	est Adams St	26 200 West Ada	ms	St.	94-2850863	Not App	licable
City & State 20 Chicago, II. 60	Suite, Apt.				•	5. Certificate of Status Desired		
Zip		e	City & State			6. Election Campaign Financing	\$5.00 May	Ве
9. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 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 Charge in Registered Agent and City Telephone (Roce or registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was surficious. 12.	23 Chicag	o, IL 60	28 Chicago, IL			Trust Fund Contribution	Added to Fee	35
9. Name and Address of Naw Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANIATION FL 3324 151. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. To both, in the State of Florida. Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. To both, in the State of Florida. Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. The state of Florida. Statutas and the remarks and the florida accept the obligation of section 607 0505. Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. The state of Florida Statutas and the remarks and the florida accept the department as registered agent. The state of Florida Statutas and the florida accept the obligation of section 607 0505. Florida Statutas and the remarks and the florida accept the department as registered agent. The state of Florida Statutas and the florida accept the department as registered agent. The state of Florida Statutas and the florida accept the department as registered accepts. The state of Florida Statutas and the florida accepts and the florida	<u> </u>	<u> </u>	⊢ ′		•			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33224 131 142 153 154 159 150 150 150 150 150 150 150	24 6060		<u> </u>	30	USA			
CT CORPORATION SYSTEM 120 S. PINE ISLAND ROAD PLANTATION FL 3324 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an arms after the purpose of changing its registered agent. an arms after the purpose of changing its registered agent. an arms after the purpose of changing its registered agent. an arms after the purpose of changing its registered agent. and accept the obligations of, section 670.950, Florida Stalutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STEPHENS, FREDERICK L 12. STEPHENS, FREDERICK L 13. STEPHADORSS 13. STEPHADORSS 14. CITYST-2P 11. CHANGES 12. STEPHADORSS 13. STEPHADORSS 14. CITYST-2P 14. CITYST-2P 15. Chicago, IL 60606 15. Change Addition 16. Change Addition 16. Change Addition 17. STEPHADORSS 18. Change Addition 18. STEPHADORSS 18. STEPHADORSS 18. Change Addition 18. STEPHADORSS 1		9. Name and Address of Current	t Registered Agent		94 Nome	10. Name and Address of New R	egistered Agent	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regulatered office or regulatered agent or both, in the State and 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regulatered office or regulatered agent or both, in the State and 607.0502, Florida Statutes. SIGNATURE Signature, the directors of the composition of the state o	СТ	CORPORATION SYSTEM			Name		_	
PLANTATION FL 33324 11. Pursuant to the provisions of sections 607 0502 and 607 1508. Riords Statuse, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florids Statutes. SIGNATURE Signature, lyped or protein arms of rispissered sport work for Appendix purpose of Changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florids Statutes. SIGNATURE Signature, lyped or protein arms of rispissered sport work for Appendix purpose of Pricers And Directors 12. TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. STEPHENS, FREDERICK L. STEPHENS, F					82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)	
11. Pursuant to the provisions of eactions 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, and manifel with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 310								
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the advanced by the 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 authorozed by the corporation's board of directors. Thereby accept the abjectment as registered office or registered agent, or both, in the State of Florida, Such change was authorozed by the corporation's board of directors. Thereby accept the abjectment as registered office or registered office or registered agent, or both, in the State of Florida, Such change was authorozed by the corporation's board of directors. Thereby accept the abjectment as registered office or registered office or registered pagent, and facilities. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. A	, <u>, , , , , , , , , , , , , , , , , , </u>	to the state to be set to			83			į
11. Pursuant to the provisions of Sections 607 ASSZ and 607 ASSZ price (507 ASSZ price) (84 City		85 Zip Code	
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and martine in a martine in an affirmative in an accept the obligations of, section 607.505. Florids Statutes. SIGNATURE		·						
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NAME STEET ADDRESS CITY-ST-ZIP CHICAGO IL TITLE VD DELETE 21 TITLE VD DELETE 31 TITLE SITREFT ADDRESS 1 KEMPER DR 1 SERPET ADDRESS 1 Change Addition ADDRESS AS XX DELETE AS XX DELETE 51 TITLE AS ASSISTANT SECRETARY ADDRESS CITY-ST-ZIP CHICAGO IL 60606 ADDRESS	12.		D DIRECTORS			ADDITIONS/CHANGES TO OFF		
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NAME SCOTT, JOHN B. STREET ADDRESS I KEMPER DR LONG GROVE IL TITLE SREZABEK, DEBRA P. ONE KEMPER DR. LONG GROVE IL ASTREET ADDRESS CITY-ST-ZIP LONG GROVE IL AS INTREET ADDRESS CITY-ST-ZIP LONG GROVE IL AS INTREET ADDRESS CITY-ST-ZIP NAME VERILLI, TIMOTHY R. STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 SA CITY-ST-ZIP CHORE GROVE IL SA CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 SA CITY-ST-ZIP CHICAGO IL 60606 SA CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 SA CITY-ST-ZIP SA CITY-ST-ZIP CHORE GROVE IL SA CITY-ST-ZIP SA CITY-ST-	CITY-ST-ZIP	- LONG GROVE IL	<u> </u>	2.4	CITY-ST-ZIP			
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LONG GROVE IL S	NAME	SCOTT, JOHN B.		3.2	NAME			
TITLE S DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS ONE KEMPER DR. LONG GROVE IL 4.4 CITY-ST-ZIP TITLE AS XX DELETE 5.1 TITLE ASSISTANT Secretary Change Addition NAME VERRILLI, TIMOTHY R. STREET ADDRESS 225 W WASHINGTON ST STE 1450 5.3 STREET ADDRESS 200 West Adams St., Suite 2222 CITY-ST-ZIP CHICAGO IL 60606 5.4 CITY-ST-ZIP Chicago, IL 60606 TITLE T XXDELETE 6.1 TITLE Treasurer XX Change Addition 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 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.	STREET ADDRESS	1 KEMPER DR		3.3	STREET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 TITLE T DANIEL, ROBERT A. STREET ADDRESS CITY-ST-ZIP DANIEL, ROBERT A. STREET ADDRESS CITY-ST-ZIP ONE KEMPER DRIVE CITY-ST-ZIP LONG GROVE IL 1. 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 100 West Adams St., Suite 2222 Chicago, IL 60606 Treasurer David Jorgensen 1 Kemper Drive Long Grove, IL 60049 Long Grove, IL 60049 14. I hereby 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.	TITLE		XX DELETE	5.1	TITLE		Change .	Addition
CHICAGO IL 60606 TITLE T DANIEL, ROBERT A. STREET ADDRESS CITY-ST-ZIP LONG GROVE IL 1. 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. **INTECTIVE** Chicago, IL 60606 Treasurer David Jorgensen 1. Kemper Drive 6.4 CITY-ST-ZIP Long Grove, IL 6.0049 14. I hereby 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. **INTECTIVE** Treasurer David Jorgensen 1. Kemper Drive 6.4 CITY-ST-ZIP Long Grove, IL 6.0049	NAME			5.2	NAME			
TITLE T XXDELETE 6.1 TITLE Treasurer XX Change Addition DANIEL, ROBERT A. STREET ADDRESS ONE KEMPER DRIVE CITY-ST-ZIP LONG GROVE IL 1. 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.	STREET ADDRESS	225 W WASHINGTON ST STE	1450	5.3	STREET ADDRESS	200 West Adams St., S	Suite 2222	
DANIEL, ROBERT A. STREET ADDRESS ONE. KEMPER DRIVE CITY-ST-ZIP LONG GROVE IL 1. 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 rustee 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.	CITY-ST-ZIP	CHICAGO IL 60606		_		Chicago, IL 60606		
STREET ADDRESS ONE KEMPER DRIVE 6.3 STREET ADDRESS ONE KEMPER DRIVE 1 Kemper Drive 6.4 CITY-ST-ZIP LONG GROVE IL 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.	TITLE	} T	XXDELETE	6.1	TITLE	Treasurer	XX Change	Addition
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