

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90016 034 ***150.00

DOCUMENT # P08018

1. Corporation Name

ASSOCIATION & CONSUMER MARKETING SERVICES CORP.

Principal Place of Business

#1 HORACE MANN PLAZA
SPRINGFIELD IL 62715

Mailing Address

#1 HORACE MANN PLAZA
SPRINGFIELD IL 62715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1985

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

37-1083097

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. SEE ATTACHED OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME BECKER, LARRY K.
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

TITLE AVT ☐ DELETE
NAME BARNETT, DIANE M
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

TITLE DP ☐ DELETE
NAME KARDOS, PAUL J.
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

TITLE VD ☐ DELETE
NAME INKEL, ALBERT E.
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

TITLE DVS ☐ DELETE
NAME CAPARROS, ANN M.
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

TITLE AS ☐ DELETE
NAME SACCO, LINDA L.
STREET ADDRESS #1 HORACE MANN PLAZA
CITY-ST-ZIP SPRINGFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Diane Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 1999

(217) 788-5385

Date

Daytime Phone #

CR2E034 (11/98)

ASSOCIATION & CONSUMER MARKETING SERVICES CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING

As of December 31, 1998

475571-90016-34
D08018

TITLE	NAME	OFFICE ADDRESS
TV	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
DV	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
C	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	VIGNOLA, MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715