

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90716 017 ***150.00

DOCUMENT # F08018

1. Entity Name
ASSOCIATION & CONSUMER MARKETING SERVICES CORP.

Principal Place of Business. Mailing Address
#1 HORACE MANN PLAZA #1 HORACE MANN PLAZA
SPRINGFIELD IL 62715 SPRINGFIELD IL 62715

759384



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 37-1083097		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing- Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. SEE ATTACHED OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PETER H. HECKMAN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BECKER, LARRY K.		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				
TITLE	AVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARNETT, DIANE M		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	LOUIS G. LOWER II	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KARLOS, PAUL J.		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	INKEL, ALBERT E.		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAPARROS, ANN M.		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SACCO, LINDA L.		NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		CITY-ST-ZIP				

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BARNETT **APR 24 2001** 217-788-5385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
759384
#PO8018

**HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION
FORMERLY ASSOCIATION & CONSUMER MARKETING SERVICES CORP
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

As of December 31, 2000

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
V	MANION, THOMAS K.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	VIGNOLA, MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715