

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90595 029 ***150.00

0587341

DOCUMENT # F00000006159

1. Entity Name
JOHN ALDEN HORIZON HEALTH, INC.

Principal Place of Business
**501 WEST MICHIGAN ST.
 MILWAUKEE WI 53203**

Mailing Address
**P.O. BOX 3050
 MILWAUKEE WI 53201-3050**

60021023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0457005**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, J. KERRY	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLOCK, ROBERT B	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTLER, BENJAMIN M	
STREET ADDRESS	501 WEST MICHIGAN	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAU, GARY L	
STREET ADDRESS	501 WEST MICHIGAN	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATKINSON, JEROME	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMM, DONALD G	
STREET ADDRESS	501 WEST MICHIGAN	
CITY-ST-ZIP	MILWAUKEE WI 53203	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin M. Cutler II	
STREET ADDRESS	501 W Michigan	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Bary L. Lau* *Bary L. Lau* 1/26/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)