

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000392

FILED
Apr 20, 2009
Secretary of State

Entity Name: BROOKDALE SENIOR LIVING INC.

Current Principal Place of Business:

330 NORTH WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

330 NORTH WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 20-3068069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDENS, WESLEY R
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: D () Delete
Name: DONIGER, WILLIAM B
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: COPD () Delete
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: BURNSTEAD, FRANK M
Address: POST OFFICE BOX 331549
City-St-Zip: NASHVILLE, TN 37203

Title: CEOD () Delete
Name: SHERIFF, W. E
Address: 111 WESTWOOD PLACE #200
City-St-Zip: BRENTWOOD, TN 37207

Title: COPD () Delete
Name: OHLENDORF, MARK W
Address: 330 NORTH WABASH AVENUE #1400
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IPPOLITO, TOBIA
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. RIJOS

Electronic Signature of Signing Officer or Director

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04/20/2009

Date