

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004862

FILED
Apr 04, 2011
Secretary of State

Entity Name: ALS NORTH AMERICA, INC.

Current Principal Place of Business:

111 WESTWOOD PLACE
SUITE 200
BRENTWOOD, TN 37027

New Principal Place of Business:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37027

Current Mailing Address:

330 NORTH WABASH
SUITE 1400
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 39-1961164 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

OFFICERS AND DIRECTORS:

Title: D
Name: SHERIFF, W E
Address: 111 WESTWOOD PLACE #400
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: OHLENDORF, MARK W
Address: 6737 WEST WASHINGTON #2300
City-St-Zip: MILWAUKEE, WI 53214

Title: P
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH #1400
City-St-Zip: CHICAGO, IL 60611

Title: V
Name: HICKS, GEORGE T
Address: 111 WESTWOOD PLACE #400
City-St-Zip: BRENTWOOD, TN 37027

Title: S
Name: SMITH, T. ANDREW
Address: 111 WESTWOOD PLACE #200
City-St-Zip: BRENTWOOD, TN 37027

Title: T
Name: FERGE, KRISTIN A
Address: 6737 WEST WASHINGTON #2300
City-St-Zip: MILWAUKEE, WI 53214

I hereby 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 all other like empowered.

SIGNATURE: JOHN P. RIJOS

P

04/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date