

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:47

DOCUMENT # F94000003182 (2)

1. Corporation Name

ALTERNATIVE LIVING SERVICES, INC.

Principal Place of Business

Mailing Address

SUITE 100
245 S. EXECUTIVE DRIVE
BROOKFIELD WI 53005

SUITE 100
245 S. EXECUTIVE DRIVE
BROOKFIELD WI 53005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/17/1994

4. FEI Number

Applied For

39-1771281

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 has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 SUITE 300
Suite, Apt. #, etc.

26 Suite 300
Suite, Apt. #, etc.

22 450 N Sunnyslope Rd
City & State

27 450 N Sunnyslope Rd
City & State

23 Brookfield WI
Zip Country

28 Brookfield WI
Zip Country

24 53005
Country

29 53005
Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (required)

(P.O.) Registered Agent (optional when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LASKY, WILLIAM F
STREET ADDRESS 245 S. EXECUTIVE DRIVE, SUITE 100
CITY - ST - ZIP BROOKFIELD WI 53005

1.1 TITLE President
1.2 NAME Lasky, William F Change Addition
1.3 STREET ADDRESS 450 N Sunnyslope Rd Suite 300
1.4 CITY - ST - ZIP Brookfield WI 53005

TITLE AVAS
NAME LUTCH, J D
STREET ADDRESS 245 S. EXECUTIVE DRIVE, SUITE 100
CITY - ST - ZIP BROOKFIELD WI 53005

2.1 TITLE AVAS
2.2 NAME Lutch, J David Change Addition
2.3 STREET ADDRESS 450 N Sunnyslope Rd Suite 300
2.4 CITY - ST - ZIP Brookfield WI 53005

TITLE VSD
NAME KNEEN, JOHN W
STREET ADDRESS 184 SHUMAN BLVD, SUITE 200
CITY - ST - ZIP NAPERVILLE IL 60563

3.1 TITLE
3.2 NAME Change Addition
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ATAS
NAME YODER, KEITH J
STREET ADDRESS 11350 N. MERIDIAN, SUITE 200
CITY - ST - ZIP CARMEL IN 46032

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE CCEO
NAME PETTY, WILLIAM G JR
STREET ADDRESS 184 SHUMAN BLVD, SUITE 200
CITY - ST - ZIP NAPERVILLE IL 60563

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME LORENZEN, KRAIG E M.D.
STREET ADDRESS 210 NW BARSTOW
CITY - ST - ZIP WAUKESHA WI 53187

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or in an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/20/95 414-789-9565