

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **F94000003182 (2)**  
1. Corporation Name

**ALTERNATIVE LIVING SERVICES, INC.**



Principal Place of Business <b>450 N SUNNYSLOPE RD SUITE 300 BROOKFIELD WI 53005 US</b>		Mailing Address <b>450 N SUNNYSLOPE RD SUITE 300 BROOKFIELD WI 53005 US</b>		3. Date Incorporated or Qualified <b>06/17/1994</b>	3a. Date of Last Report <b>02/28/1995</b>
2. Principal Place of Business 21 Suite, Apt #, etc	2a. Mailing Address 26 Suite, Apt #, etc	4. FEI Number <b>39-1771281</b>	Applied For Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 Zip	28 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code <b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (Do not use Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/CEO/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LASKY, WILLIAM F</b>		1.2 NAME <b>LASKY, William F</b>	
STREET ADDRESS <b>450 N SUNNYSLOPE RD., STE. 300</b>		1.3 STREET ADDRESS <b>450 N Sunnyslope Rd., Ste 300</b>	
CITY-ST-ZIP <b>BROOKFIELD WI</b>		1.4 CITY-ST-ZIP <b>Brookfield WI 53005</b>	
TITLE <b>AVAS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VC/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LUTICH, J. D</b>		2.2 NAME <b>Boehlke, Richard W.</b>	
STREET ADDRESS <b>450 N SUNNYSLOPE RD., STE 300</b>		2.3 STREET ADDRESS <b>450 N. Sunnyslope Rd., Ste 300</b>	
CITY-ST-ZIP <b>BROOKFIELD WI</b>		2.4 CITY-ST-ZIP <b>Brookfield WI 53005</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>V/CEO/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KNEEN, JOHN W</b>		3.2 NAME <b>Kneen, John W</b>	
STREET ADDRESS <b>184 SHUMAN BLVD, SUITE 200</b>		3.3 STREET ADDRESS <b>184 Shuman Blvd, Ste 200</b>	
CITY-ST-ZIP <b>NAPERVILLE IL 60563</b>		3.4 CITY-ST-ZIP <b>Naperville, IL 60563</b>	
TITLE <b>ATAS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>YODER, KEITH J</b>		4.2 NAME <b>Field, D. Lee</b>	
STREET ADDRESS <b>11350 N. MERIDIAN, SUITE 200</b>		4.3 STREET ADDRESS <b>450 N. Sunnyslope Rd., Ste 300</b>	
CITY-ST-ZIP <b>CARMEL IN 46032</b>		4.4 CITY-ST-ZIP <b>Brookfield WI 53005</b>	
TITLE <b>CCEO</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PETTY, WILLIAM G JR</b>		5.2 NAME <b>Petty, William G Jr</b>	
STREET ADDRESS <b>184 SHUMAN BLVD, SUITE 200</b>		5.3 STREET ADDRESS <b>184 Shuman Blvd., Ste 200</b>	
CITY-ST-ZIP <b>NAPERVILLE IL 60563</b>		5.4 CITY-ST-ZIP <b>Naperville, IL 60563</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LORENZEN, KRAIG E M.D.</b>		6.2 NAME <b>Godwin, G. Faye</b>	
STREET ADDRESS <b>210 NW BARSTOW</b>		6.3 STREET ADDRESS <b>450 N. Sunnyslope Rd., Ste 300</b>	
CITY-ST-ZIP <b>WAUKESHA WI 53187</b>		6.4 CITY-ST-ZIP <b>Brookfield, WI 53005</b>	

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: Mary Lou Austin DATE: 6/7/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Daytime Phone # 414/789-9565

CR2E034 (3/96)

F94000003182

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**Additions -- Officers & Directors:**

V

Henning, Douglas, A.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

V

Austin, Mary Lou  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

V

Boitano, David M.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

V

Hoff, David J.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

V

Klein, Pamela Edwards  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

D

Burleson, Gene E.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

D

Haveman, Robert  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

D

Kenny, Ronald G.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005

D

Tubergen, Jerry L.  
450 N. Sunnyslope Rd., Ste 300  
Brookfield, WI 53005