

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 18 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F94000003182 (2)

1. Corporation Name
ALTERNATIVE LIVING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 450 N SUNNYSLOPE RD SUITE 300 BROOKFIELD WI 53005 US | Mailing Address 450 N SUNNYSLOPE RD SUITE 300 BROOKFIELD WI 53005 US |
|--|--|

3. Date Incorporated or Qualified
06/17/1994

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

4. FEI Number **39-1771281**

Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LASKY, WILLIAM F | 1.2 NAME | |
| STREET ADDRESS | 450 N SUNNYSLOPE RD., STE. 300 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKFIELD WI | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOMULA, THOMAS E. | 2.2 NAME | |
| STREET ADDRESS | 450 N SUNNYSLOPE RD., STE 300 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKFIELD WI | 2.4 CITY-ST-ZIP | |
| TITLE | VST | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNEEN, JOHN W | 3.2 NAME | |
| STREET ADDRESS | 184 SHUMAN BLVD, SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPERVILLE IL | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUSTIN, MARY LOU | 4.2 NAME | |
| STREET ADDRESS | 450 N. SUNNYSLOPE RD., STE 300 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKFIELD WI | 4.4 CITY-ST-ZIP | |
| TITLE | C | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PETTY, WILLIAM G JR | 5.2 NAME | |
| STREET ADDRESS | 184 SHUMAN BLVD, SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPERVILLE IL | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GODWIN, FAYE | 6.2 NAME | |
| STREET ADDRESS | 450 N. SUNNY SLOPE RD., STE 300 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKFIELD WI | 6.4 CITY-ST-ZIP | |

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***635.00

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14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (10/97)