

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90023 044 ***158.75

181798

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000003182

1. Corporation Name
ALTERNATIVE LIVING SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
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 owes the current year intangible Personal Property Tax. Yes No

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 25 29 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, MARY LOU	4.2 NAME	MARK OHLENDORF
STREET ADDRESS	450 N. SUNNYSLOPE RD., STE 300	4.3 STREET ADDRESS	450 N SUNNYSLOPE ROAD, SUITE 300
CITY-ST-ZIP	BROOKFIELD WI	4.4 CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input 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 <input type="checkbox"/> DELETE	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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ THOMAS E. KOMULA 4-22-99 414-641-7563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)