

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 027 ***158.75

DOCUMENT # F94000003182

1. Entity Name
ALTERRA HEALTHCARE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
450 N SUNNYSLOPE RD **450 N SUNNYSLOPE RD**
SUITE 300 **SUITE 300**
BROOKFIELD WI 53005 **BROOKFIELD WI 53005-4861**
US **US**

2. Principal Place of Business 3. Mailing Address
10000 Innovation Dr **10000 Innovation Dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Tax Dept. **Tax Dept.**

City & State City & State
Milwaukee WI **Milwaukee WI**

Zip Country Zip Country
53224 **53224**

4. FEI Number **39-1771281** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	LASKY, WILLIAM F	
STREET ADDRESS	450 N SUNNYSLOPE RD., STE. 300	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KOMULA, THOMAS E.	
STREET ADDRESS	450 N SUNNYSLOPE RD., STE 300	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEIN, PAMELA E	
STREET ADDRESS	450 N. SUNNYSLOPE DR., STE. 300	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIELD, D. LEE	
STREET ADDRESS	1142 BROADWAY PL., STE. 300	
CITY-ST-ZIP	TACOMA WA	
TITLE	C	<input type="checkbox"/> Delete
NAME	PETTY, WILLIAM G JR	
STREET ADDRESS	184 SHUMAN BLVD, SUITE 200	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GODWIN, FAYE	
STREET ADDRESS	450 N. SUNNY SLOPE RD., STE 300	
CITY-ST-ZIP	BROOKFIELD WI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53224	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53224	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53224	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000 Innovation Dr.	
STREET ADDRESS	Milwaukee WI 53224	
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark J. Chapman** Date: **4-21-00** Daytime Phone #: **414-918-5593**

CR2E034 (9/99)