


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90517 003 \*\*\*158.75

**DOCUMENT # F9400003182**

1. Entity Name  
**ALTERRA HEALTHCARE CORPORATION**



Principal Place of Business <b>10000 INNOVATION DRIVE          TAX DEPT          MILWAUKEE, WI 53226 US</b>	Mailing Address <b>10000 INNOVATION DRIVE          TAX DEPT          MILWAUKEE, WI 53226 US</b>
--	--

**54040619**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

04202004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>39-1771281</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KENNEDY, PATRICK</b> <b>10000 INNOVATION DRIVE</b> <b>MILWAUKEE, WI 53226</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC</b> <b>CLEAVER, DAVID</b> <b>10000 INNOVATION DRIVE</b> <b>MILWAUKEE, WI 53226</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP</b> <b>GEONNOTTI, JR., ANTHONY R</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE, WI 53226</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PETTY, WILLIAM G JR</b> <b>184 SHUMAN BLVD, SUITE 200</b> <b>NAPERVILLE, IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>FERGE, KRISTIN A</b> <b>10000 INNOVATION DRIVE</b> <b>MILWAUKEE, WI 53226</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Wesley Edens</b> <b>10000 Innovation Drive</b> <b>Milwaukee, WI 53226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Daniel Bsty</b> <b>10000 Innovation Drive</b> <b>Milwaukee, WI 53226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Darryl Copeland, Jr.</b> <b>10000 Innovation Drive</b> <b>Milwaukee, WI 53226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>Geri Krupp-Gordon</b> <b>10000 Innovation Drive</b> <b>Milwaukee, WI 53226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED</b> <b>Mark Ohlendorf</b> <b>10000 Innovation Drive</b> <b>Milwaukee, WI 53226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kristin Ferge **VP** 4/21/04 414-918-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #