

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90033 022 ***158.75

DOCUMENT # F96000001035

1. Entity Name
ASSISTED LIVING PROPERTIES, INC.

Principal Place of Business 450 N SUNNYSLOPE RD STE 300 BROOKFIELD WI 53005 US	Mailing Address 450 N SUNNYSLOPE RD STE 300 BROOKFIELD WI 53005-4861 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10000 Innovation Dr.	3. Mailing Address 10000 Innovation Dr.
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Suite, Apt. #, etc. Tax Dept.	Suite, Apt. #, etc. Tax Dept.
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City & State Milwaukee WI	City & State Milwaukee WI
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4. FEI Number 48-1179716	Applied For <input type="checkbox"/> Not Applicable
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Zip 53226	Country	Zip 53226	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNOTT, R G 453 S WEBB RD, STE 200 WICHITA KS 67207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lasky, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10000 Innovation Dr. Milwaukee WI 53226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNOTT, R G 453 SOUTH WEBB ROAD, STE. 500 WICHITA KS <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Romula, Thomas K <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VS 10000 Innovation Dr. Milwaukee WI 53226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, TIMOTHY J 453 SOUTH WEBB ROAD, STE 500 WICHITA KS <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOHLENDORF Mark W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10000 Innovation Dr. Milwaukee WI 53226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Mark J. Chapman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-21-00** **414-918-5593**
Date Daytime Phone #

CRE034 (9/99)