05-12-2001 90022 027 ***158.75

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'2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am Secretary of State DOCUMENT # F9600001035 1. Entity Name ASSISTED LIVING PROPERTIES, INC. Principal Place of Business Mailing Address 10000 INNOVATION DR. 10000 INNOVATION DR. TAX DEPT. TAX DEPT. MILWAUKEE WI 53226 MILWAUKEE WI 53226 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 48-1179716 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. C00 D Delete TITLE TITLE STEVEN VICK LASKY, WILLIAM NAME NAME 10000 INNOVATION DR. STREET ADDRESS 10000 INNOVATION DR. STREET ADDRESS 53224 $\omega =$ MILWAUREE CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53226 Change **₹** Addition VS. Delete TITLE TITLE KRISTEN FERGE KOMULA, THOMAS E NAME NAME DR. 10000 INNOVATION STREET ADDRESS 10000 INNOVATION DR. STREET ADDRESS 53224 MILWAUKEE CITY-ST-ZIP CITY-ST-7IP MILWAUKEE WI 53226 VPAS ☐ Change ➤ Addition TITLE TITLE ☐ Delete KRUPP-GORDON OHLENDORF, MARK W C ERI NAME NAME DR. 10000 FUNOVATION 10000 INNOVATION DR. STREET ADDRESS STREET ADDRESS 53224 MILWAUKEE CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53226 V P AS Change Addition TITLE □ Delete TITLE ANTHONY R. GEONHOTTI OR. NAME NAME 10000 INNOVATION STREET ADDRESS STREET ADDRESS WI MILWAUKEE 53226 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR