

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

04-26-2004 90517 047 ***158.75

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # F96000001035					
1. Entity Name ASSISTED LIVING PROPERTIES, INC.					
Principal Place of Business 10000 INNOVATION DR. TAX DEPT. MILWAUKEE, WI 53226 US		Mailing Address 10000 INNOVATION DR. TAX DEPT. MILWAUKEE, WI 53226 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 48-1179716	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T 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. I, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	PAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLENDORF, MARK W		NAME		
STREET ADDRESS	10000 INNOVATION DR.		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, PATRICK		NAME		
STREET ADDRESS	10000 INNOVATION DR.		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGE, KRISTIN		NAME		
STREET ADDRESS	10000 INNOVATION DR.		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPP-GORDON, GERI		NAME		
STREET ADDRESS	10000 INNOVATION DR.		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53226		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Kristin Ferge</u>		VP		4/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 414-918-5000	