

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001035

FILED
Apr 17, 2008
Secretary of State

Entity Name: ASSISTED LIVING PROPERTIES, INC.

Current Principal Place of Business:

330 N. WABASH
SUITE 1400
CHICAGO, IL 60611 US

New Principal Place of Business:

Current Mailing Address:

330 N. WABASH
SUITE 1400
CHICAGO, IL 60611 US

New Mailing Address:

FEI Number: 48-1179716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFOD () Delete
Name: OHLENDORF, MARK W
Address: 6737 W. WASHINGTON STREET, SUITE 2300
City-St-Zip: MILWAUKEE, WI 53214

Title: EVPT () Delete
Name: FERGE, KRISTIN
Address: 6737 W. WASHINGTON STREET, SUITE 2300
City-St-Zip: MILWAUKEE, WI 53214

Title: COPD () Delete
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, #200
City-St-Zip: BRENTWOOD, TN 37027

Title: CCEO () Delete
Name: SCHULTE, MARK J
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: EVPS () Delete
Name: SMITH, T. ANDREW
Address: 111 WESTWOOD DRIVE, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: EVPT (X) Delete
Name: FERGE, KRISTIN A
Address: 6737 W. WASHINGTON, 200
City-St-Zip: MILWAUKEE, WI 53214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, #200
City-St-Zip: BRENTWOOD, TN 37027

Title: CEO (X) Change () Addition
Name: SHERIFF, W E
Address: 111 WEST WOOD DRIVE #200
City-St-Zip: BRENTWOOD, TN 37027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. RIJOS

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date