

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001035

FILED
Apr 05, 2011
Secretary of State

Entity Name: ASSISTED LIVING PROPERTIES, INC.

Current Principal Place of Business:

111 WESTWOOD PLACE
SUITE 200
BRENTWOOD, TN 37037 US

New Principal Place of Business:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37037 US

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

OFFICERS AND DIRECTORS:

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

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

Title: PD
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, #1400
City-St-Zip: CHICAGO, IL 60611

Title: CEO
Name: SHERIFF, W E
Address: 111 WESTWOOD PLACE #400
City-St-Zip: BRENTWOOD, TN 37027

Title: EVPS
Name: SMITH, T. ANDREW
Address: 111 WESTWOOD PLACE, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

I hereby 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 all other like empowered.

SIGNATURE: JOHN P. RIJOS

PD

04/05/2011

Electronic Signature of Signing Officer or Director

Date