

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90023 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001314

1. Corporation Name
ALS-CLARE BRIDGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
450 N SUNNYSLOPE RD #300
BROOKFIELD WI 53005

Mailing Address
450 N SUNNYSLOPE RD #300
BROOKFIELD WI 53005

3. Date Incorporated or Qualified
03/14/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number
39-1879030

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | PETTY, WILLIAM G JR | |
| STREET ADDRESS | 184 SHUMAN BLVD #200 | |
| CITY-ST-ZIP | NAPERVILLE IL 60536 | |
| TITLE | DVST | <input type="checkbox"/> DELETE |
| NAME | KOMULA, THOMAS E | |
| STREET ADDRESS | 450 N SUNNYSLOPE RD #300 | |
| CITY-ST-ZIP | BROOKFIELD WI 53005 | |
| TITLE | DVS | <input checked="" type="checkbox"/> DELETE |
| NAME | KNEEN, JOHN W | |
| STREET ADDRESS | 184 SHUMAN BLVD #200 | |
| CITY-ST-ZIP | NAPERVILLE IL 60536 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LASKY, WILLIAM F | |
| STREET ADDRESS | 450 N SUNNYSLOPE RD #300 | |
| CITY-ST-ZIP | BROOKFIELD WI 53005 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | V DAs |
| 5.3 STREET ADDRESS | MARK OHLENDORF |
| 5.4 CITY-ST-ZIP | 450 N SUNNYSLOPE ROAD, STE 300 BROOKFIELD, WI 53005 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | V |
| 6.3 STREET ADDRESS | JOHN PETERSON |
| 6.4 CITY-ST-ZIP | 450 N SUNNYSLOPE ROAD, STE 300 BROOKFIELD, WI 53005 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED THOMAS E. KOMULA 4-22-99 414-641-7563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)