## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # F9700001314 May 16, 2000 8:00 am Secretary of State ALS-CLARE BRIDGE, INC. 05-16-2000 90033 031 \*\*\*158.75 Mailing Address Principal Place of Business 450 N SUNNYSLOPE RD #300 450 N SUNNYSLOPE RD #300 BROOKFIELD WI 53005-4861 **BROOKFIELD WI 53005** 3. Mailing Address 2. Principal Place of Business 10000 Innovation no vation Dr 0000 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. ax Applied For 4. FEI Number 39-1879030 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current 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 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Delete TITLE TITLE PETTY, WILLIAM G JR NAME 184 SHUMAN BLVD #200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPERVILLE IL 60536 DVST Change ☐ Addition TITI F KOMULA, THOMAS E 450 N SUNNYSLOPE RD #300 10000 Innovation NAME NAME STREET ADDRESS STREET ADDRESS RROOKEIELD WI 53005-Milwarker W15377 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE LASKY, WILLIAM F 10000 Innovation Dr 450 N SUNNYSLOPE RD #300 NAME STREET ADDRESS STREET ADDRESS BROOKFIELD WI 53005 Milwaukee W1 53226 CITY-ST-ZIP CITY-ST-ZIP **VDAS** Change Addition ☐ Delete TITLE TITLE OLENDORF, MARK NAME 10000 Innovation Dr NAME 450 N-SUNNYSLOPE RD. STREET ADDRESS STREET ADDRESS BROOKFIFID WL53005Mi/wavkee W153226 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE PETERSON, JOHN NAME NAME 450 N SUNNYSLOPE RD STE 300 STREET ADDRESS STREET ADDRESS Iwaukee W1532 CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ ] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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