

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90022 037 \*\*\*158.75

**DOCUMENT # F97000001314**

1. Entity Name  
**ALS-CLARE BRIDGE, INC.**

Principal Place of Business <b>10000 INNOVATION DR.          TAX DEPT.          MILWAUKEE WI 53226</b>	Mailing Address <b>10000 INNOVATION DR.          TAX DEPT.          MILWAUKEE WI 53226</b>
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DO NOT WRITE IN THIS SPACE

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 <b>39-1879030</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>PETTY, WILLIAM G JR</b> <b>184 SHUMAN BLVD #200</b> <b>NAPERVILLE IL 60536</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COOPD</b> <b>STEVEN L VICK</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <b>KOMULA, THOMAS E</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53226</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>KRISTIN A FERGE</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LASKY, WILLIAM F</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53226</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>GERI KRUPA-GORDON</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS</b> <b>OLENDORF, MARK</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSTD</b> <b>OLENDORF, MARK</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PETERSON, JOHN</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53226</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>GEONOTTI, ANTHONY R JR.</b> <b>10000 INNOVATION DR.</b> <b>MILWAUKEE WI 53224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kristin Ferge **KRISTIN FERGE VP** 4-23-01 914-918-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR/400

CR2E034 (10/00)