

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 030 ***158.75

DOCUMENT # F99000000231

1. Entity Name
ALS HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
450 NORTH SUNNYSLOPE RD. SUITE 300 **450 NORTH SUNNYSLOPE RD. SUITE 300**
BROOKSVILLE WI 53005 **BROOKSVILLE WI 53005-4861**

2. Principal Place of Business 10000 Innovation Dr. Suite, Apt. #, etc. Tax Dept.	3. Mailing Address 10000 Innovation Dr. Suite, Apt. #, etc. Tax Dept.
City & State Milwaukee WI	City & State Milwaukee WI
Zip 53226	Zip 53226
Country	Country

4. FEI Number 39-1939854	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LASKY, WILLIAM F 450 NORTH SUNNYSLOPE RD, SUITE 300 BROOKSVILLE WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHANAN, TIMOTHY J 453 SOUTH WEBB ROAD, SUITE 500 WICHITA KS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO VICK, STEVEN L 450 NORTH SUNNYSLOPE RD, SUITE 300 BROOKSVILLE WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KOMULA, THOMAS E 450 NORTH SUNNYSLOPE RD, SUITE 300 BROOKSVILLE WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS OHLENDORF, MARK W 450 NORTH SUNNYSLOPE RD, SUITE 300 BROOKSVILLE WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BOITAN, DAVID M 1142 BROADWAY PLAZA SUITE 300 TACOMA WA 98402	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10000 Innovation Dr. Milwaukee WI 53226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10000 Innovation Dr. Milwaukee WI 53226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10000 Innovation Dr. Milwaukee WI 53226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10000 Innovation Dr. Milwaukee WI 53226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10000 Innovation Dr. Milwaukee WI 53226	

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: Mark J. Chapman Date: 4-21-00 Daytime Phone #: 414-918-5593

CR2E034 (9/99)