

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001035

Entity Name: ASSISTED LIVING PROPERTIES, INC.

Current Principal Place of Business:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37037

FILED
Apr 16, 2014
Secretary of State
CC7847200415

Current Mailing Address:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37037 US

FEI Number: 48-1179716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

Title CEO
Name SMITH, T A
Address 111 WESTWOOD PLACE #400
City-State-Zip: BRENTWOOD TN 37027

Title SECRETARY
Name WHITE, CHAD C
Address 111 WESTWOOD PLACE, SUITE 400
City-State-Zip: BRENTWOOD TN 37027

Title EVPD
Name RICHARDSON, BRYAN D
Address 111 WESTWOOD PLACE
SUITE 400
City-State-Zip: BRENTWOOD TN 37037

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: BRYAN D. RICHARDSON

EVP

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date