

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 354110 (9)  
1. Corporation Name  
KENSINGTON MANOR, INC.



Principal Place of Business  
ONE SEAGATE  
ATTN TAX 21  
TOLEDO OH 43604-2616  
US

Mailing Address  
ONE SEAGATE  
ATTN TAX 21  
TOLEDO OH 43604-2616  
US

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 10/20/1969  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-1289690  |  |
| 24 Country                     |  | 30 Country             |  | Applied For   |  |
|                                |  |                        |  | Not Applicable  |  |
|                                |  |                        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|                                |  |                        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | T                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOLER, SPENCER C. | 1.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ORMOND, PAUL A.   | 2.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MEYERS, GG        | 3.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIXLER, JEFFREY R | 4.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEIKEL, MK        | 5.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | AST               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GEHRICH, DAVID L. | 6.2 NAME  |   |
| STREET ADDRESS             | ONE SEAGATE       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH         | 6.4 CITY-ST-ZIP                                       |   |

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.

David L Gehrich APR 17 1998

(416) 551-5764

CR2E034 (10/97)

**KENSINGTON MANOR, INC.**

**OFFICERS**

|                      |  |
|----------------------|--|
| Paul A. Ormond       | Chairman, President & Chief Executive Officer  |
| M. Keith Weikel      | Senior Executive Vice President &<br>Chief Operating Officer                             |
| Geoffrey G. Meyers   | Executive Vice President, Chief Financial<br>Officer & Assistant Secretary               |
| R. Jeffrey Bixler    | Vice President, General Counsel & Secretary  |
| William H. Kinschner | Vice President, Director of Management<br>Support Services                               |
| Barry A. Lazarus     | Vice President of Reimbursement  |
| Spencer C. Moler     | Vice President, Controller, Treasurer<br>& Assistant Secretary                           |
| Wade B. O'Brian      | Vice President, Director of Human Resources<br>and Labor Relations & Assistant Secretary |
| Paul G. Sieben       | Vice President, Director of<br>Development & Construction                                |
| John I. Remenar      | Assistant Vice President, Director of<br>Financial Services & Assistant Treasurer        |
| David L. Gehrich     | Assistant Secretary & Assistant Treasurer  |
| Douglas G. Haag      | Assistant Treasurer  |

**DIRECTORS**

Paul A. Ormond  
M. Keith Weikel  
Geoffrey G. Meyers

**ADDRESS FOR ALL IS:**

One SeaGate  
Toledo, Ohio 43604-2616  
Phone: (419) 252-5600