FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90137 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 354110

1. Corporation Name

KENSINGTON MANOR, INC.

Principal Place of Business Mailing			iling Address			
ONE SEAGATE		ONE SEAGATE				
ATTN TAX 21		ATTN TAX 21				DO NOT WRITE IN THIS SPACE
TOLEDO OH 43	604-2616		TOLEDO OH 43604-2616			
US	US	5			3. Date Incorporated or Qualifed	
						10/20/1969
Principal Pl	ace of Business	2a. Mailing Addre	a. Mailing Address			4. FEI Number Applied For
21		26				59-1289690 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27	27			Fee Required
City & State	•	City & State	City & State			6. Election Campaign Financing S5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Country Zip . Co				8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
<u> </u>	9. Name and Address of Current					10. Name and Address of New Registered Agent
	or manie and Address of Carteria			81	Name	e
CT CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD				82 Street Addre		et Address (P.O. Box Number is Not Acceptable)
	STATION FL 33324		83		├──-	
I LAN	11/11/01/12 00024			03	1	
				84	City	85 Zip Code
]],	FL 6 2 P SSSS
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	la Statutes, ti	ne above	e-named	ed corporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such chanc	ie was authoi	ized by	the corr	rporation's board of directors. I hereby accept the appointment as registered
agent. i ai	m tamiliar with, and accept the obligati	ions or, section our to	iooo, i longa i	Juliulos	•	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Regis	tared Ager	nt signature	re required when reinstating) DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T			1.1 TITLE		☐ Change ☐ Addition
1	MOLER, SPENCER C.	 .		1 2 NAME		
NAME				T + DD D E C (
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	TOLEDO OH			1.4 CFTY-S	T-ZIP_	Change Addition
TITLE	PD	. 🗀 🗅 🛈	-LE1E	2.1 TITLE		Cularide Dydoniou
NAME	ORMOND, PAUL A.			2.2 NAME		
STREET ADDRESS	ONE SEAGATE 233		2.3 STREE	T ADDRESS	is	
CITY-ST-ZIP	TOLEDO OH		2. 4 CITY-S	ST-ZIP		
TITLE	SD	□ DE	☐ DELETE 3.1 TR			☐ Change ☐ Addition
NAME			3.2 NAME			
1	ONE CEACATE			T ADDRESS	as l	
STREET ADDRESS	70.FD0.011				~	
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	DI-217	☐ Change ☐ Addition	
TITLE	<u> </u>					
NAME	Direction value of		4, 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS	is	
CITY-ST-ZIP			4,4 CITY-S	T-ZIP_		
TITLE	VD	□ Di	LETE	5.1 TTTLE		☐ Change ☐ Addition
NAME	WEIKEL,MK			5.2 NAME		
STREET ADDRESS: ONE SEAGATE		5.3 STREET ADDRESS		ss		
TOLEDO OLL		•	5.4 CITY-ST-ZIP			
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	
TITLE	AST DAVID I			6.2 NAME		
NAME	GEHRICH, DAVID L.					
STREET ADDRESS	ONE SEAGATE				T ADDRESS	io i
CITY-ST-ZIP	TOLEDO OH		1	6.4 CTTY-S	FT-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 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, with all other like empowered.

KENSINGTON MANOR, INC.

OFFICERS

Paul A. Ormond M. Keith Weikel

Geoffrey G. Meyers

R. Jeffrey Bixler William H. Kinschner

Barry A. Lazarus Spencer C. Moler Wade B. O'Brian

Paul G. Sieben

John I. Remenar

F. Joseph Schmitt Douglas G. Haag David L. Gehrich Thomas R. Kile Chairman, President & Chief Executive Officer Senior Executive Vice President &

Chief Operating Officer

Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary

Vice President, Director of Management

Support Services

Vice President of Reimbursement

Vice President, Controller, & Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, Director of Development & Construction

Vice President, Director of

Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Division

Treasurer

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL IS:

333 N. Summit St.

Toledo, Ohio 43699-0086 Phone: (419) 252-5500