**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:00

DOCUMENT # **836791** **(4)**

1. Corporation Name

**KELLY ASSISTED LIVING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 999 W BIG BEAVER<br>TROY MI 48084 | 999 W BIG BEAVER<br>TROY MI 48084 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/03/1976**
3a. Date of Last Report: **04/12/1994**
4. FEI Number: **38-2110841** ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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 **FL** 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
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VPF | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WIDGREN, RICHARD R | 1.2 NAME | |
| STREET ADDRESS | 23253 ROBERT JOHN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST CLAIR SHORES MI | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ADDERLEY, TERENCE E | 2.2 NAME | |
| STREET ADDRESS | 382 LONE PINE COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BLOOMFIELD HILL,MI 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | SVPD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | STONER, ROBERT F | 3.2 NAME | |
| STREET ADDRESS | 3173 TUCKAHOE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM, MI 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | SVPD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | HARTWIG, EUGENE L | 4.2 NAME | |
| STREET ADDRESS | 1320 COVINGTON ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM MI | 4.4 CITY-ST-ZIP | |
| TITLE | VPAS | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCLAUGHLIN, CHARLES M | 5.2 NAME | |
| STREET ADDRESS | 1305 GREENLEAF | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL OAK MI | 5.4 CITY-ST-ZIP | |
| TITLE | SVP | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARRANCO, ROBERT G | 6.2 NAME | |
| STREET ADDRESS | 320 N CRANBROOK | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ Sr. Vice President, Chief Financial Officer & Controller/Treasurer 3/23/95 (810) 244-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074408