## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2002 8:00 am g Secretary of State **DOCUMENT #** 856985 1. Entity Name 05-02-2002 90112 032 \*\*\*150.00 EXTENDICARE HOMES, INC. Principal Place of Business Mailing Address 111 W. MICHIGAN STREET 111 W. MICHIGAN STREET MILWAUKEE WI 53203 MILWAUKEE WI 53203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-1441287 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEXIS DOCUMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE **X** Delete CD TITLE CEO Change **X** Addition NAME RHINELANDER, MELUIN A. NAME CALKIN, JOY D **CR2E034** STREET ADDRESS STREET ADDRESS 111 W. MICHIGAN STREET 111 W. MICHIGAN ST CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53203 MILWAUKSE, WY 53703 ☐ Delete TITLE CFO **Addition** Change NAME NAME DURISHAN, MARK BERTRAND, RICHARD L. STREET ADDRESS III WIMICHIBAN ST STREET ADDRESS 111 W. MICHIGAN STREET CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53203 MILWAUKEE, WI 53203 ☐ Delete SR-UP TITLE ☐ Change Addition Addition SMALL, PHILLIPW. CARTER, ROCH AS NAME STREET ADDRESS STREET ADDRESS III W. MICHIGAN ST 111 W. MICHIGAN STREET CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53203 MILWAUKEE, WI TITLE **Æ** Delete VP-CONTROLIER TITLE X Addition ☐ Change NAME NAME HARRIS, DOUBLAS J. LEVONWICH, WALTER A. STREET ADDRESS STREET ADDRESS 111 W. MICHIGAN STREET IIIW MICHIGAN ST CITY-ST-ZIP MILWAUKEE WI 53203 CITY-ST-7IP MICHAUKEE, WI 53203 TITLE Delete VC TITLE Change ☐ Addition NAME LEVONWICH, WALTER A. STREET ADDRESS STREET ADDRESS 111 W. MICHIGAN STREET CITY-ST-7IP CITY-ST-ZIP MILWAUKEE WI 53203 TITLE PC00 Delete

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MCLAUGHLIN, JOHN G

MILWAUKEE WI 53203

111 W. MICHIGAN STREET

NAME

STREET ADDRESS

CITY-ST-ZIP

WAE REQUIREMOUNTS J. MARRIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition