

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -7 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856985

1. Entity Name
EXTENDICARE HOMES, INC.



Principal Place of Business

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

Mailing Address

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

\$150.00

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

04

4. FEI Number
39-1441287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
RHINELANDER, MELVIN A
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
BERTRAND, RICHARD L.
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VGC
CARTER, ROCH AS
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
DURISHAN, MARK
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SRVP
SMALL, PHILLIP W
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPC
HARRIS, DOUGLAS J
111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

200036557742
05/18/04--01062--018 **1650.00

200036557742
05/18/04--01062--019 **500.00

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas J Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

414/988-9000
Daytime Phone #

6