

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

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**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1441287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000545509
05/11/06-80080-001 150.00**

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
**SVPT
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
**VP
WAGNER, L. WILLIAM
111 W. MICHIGAN ST
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**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas J Harris 4/27/06 414-988-9000