## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # 856985  1. Enlity Name EXTENDICARE HOMES, INC.					04	1-23-2007	90047 034 *	**150	.00	
Principal Place of Business 111 W. MICHIGAN STREET MILWAUKEE, WI 53203		Mailing Address 111 W. MICHIGAN STRE MILWAUKEE, WI 53203		, •	<del>-</del> ,					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062007	Chg-P	CR2E034 (1	2/06)		
City & State		City & State	City & State		4. FEI Number 39-144128	7		<del></del>	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		<b>'5</b> Addi lequired		
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Addr	ress of New R	tegistered Agent			
LEXIS DOCUMENT SERVICES, INC.				Name						
1201 HAYS STREET TALLAHASSEE, FL 32301			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City				<b></b>	io Coda		
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 little if applicable (NOTE Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHAI	NGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE	CEO	Delete	TITLE	COP	PORATE SE WTAIN, J O STEELE RKHAM, CNTA	CRETA	RY 🗆	hange	Addition	
NAME	RHINELANDER, MELVIN A	•	NAME	Fou	WTAIN J	FLUTAI	J	(~/ <u>~</u>	, . <del>~</del>	
STREET ADORESS CITY-ST-ZIP	111 W. MICHIGAN STREET		\$1REET ADDRESS	300	O STEELE	JAVEN	AF ENSI	, 50,	146 100	
<u> </u>	MILWAUKEE, WI 53203 SVPT	Delete	TITLE	IYIM	KKHAM, UNIT	KLO L	M YWK	CATA Change	☐ Addition	
TITLE NAME	BERTRAND.RICHARD L.	C.) Delete	NAME					Hallys	☐ Addition	
STREET ADDRESS	111 W. MICHIGAN STREET		STREET ADDRESS						!	
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP							
TITLE	VGC	☐ Delete	TITLE					hange	☐ Addition	
NAME STREET ADDRESS	CARTER, ROCH AS 111 W. MICHIGAN STREET		NAME STREET ADDRESS							
CITY S1-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP							
TITLE	VP	Delete	TITLE					Change	Addition	
NAME	WAGNER, L. WILLIAM		NAME							
STREET ADDRESS	111 W. MICHIGAN ST		STREET ADDRESS CITY-ST-ZIP	1						
CITY-ST-ZIP	MILWAUKEE, WI 53203				<u></u>	<del></del>	Nar.	Change	Addition	
NAME	SRVP SMALL, PHILLIP W	☐ Delete	TITLE NAME		ALL DUTE	TP	74	Hange	☐ Modition	
STREET ADDRESS	111 W. MICHIGAN STREET		STREET ADDRESS	TIL	EO ALL PHIL W. MICU LWAUKEE	TUAN	ST,			
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP	MI	LWAUKEE	WI	<u>53263</u>			
TITLE	VPC	Delete	TITLE			•		Change	Addition	
NAME STREET ADDRESS	HARRIS, DOUGLAS J 111 W. MICHIGAN STREET		NAME STREET ADDRESS							
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP							
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.										