

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 038 ***150.00

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

40067637

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

39-1441287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> Delete
NAME	FOUNTAIN, JILLIAN	
STREET ADDRESS	3000 STEELES AVE E SUITE 700	
CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA, L3R 9W2	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete
NAME	BERTRAND, RICHARD L.	
STREET ADDRESS	111 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	VGC	<input type="checkbox"/> Delete
NAME	CARTER, ROCH AS	
STREET ADDRESS	111 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SMALL, PHILLIP W	
STREET ADDRESS	111 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	HARRIS, DOUGLAS J	
STREET ADDRESS	111 W. MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lukenda, Timothy L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kreilein, Janet L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, Larae L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior VP / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Douglas J.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Janet Kreilein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

414-908-8000