2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 856985

Entity Name: EXTENDICARE HOMES, INC.

Current Principal Place of Business:

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

111 W. MICHIGAN STREET
MILWAUKEE, WI 53203

New Mailing Address:

FEI Number: 39-1441287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CS ( ) Delete
Name: FOUNTAIN, JILLIAN
Address: 3000 STEELES AVE E SUITE 700
City-St-Zip: MARKHAM,ONTARIO,CANADA, L3R 9W2

Title: AT ( ) Delete
Name: KREILEIN, JANET L
Address: 111 W MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

Title: VP ( ) Delete
Name: NELSON, LARAE L
Address: 111 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

Title: VGC ( ) Delete
Name: CARTER, ROCH A
Address: 111 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

Title: VPC ( ) Delete
Name: HARRIS, DOUGLAS J
Address: 111 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PCEO ( ) Change (X) Addition
Name: LUKENDA, TIMOTHY L
Address: 111 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCH CARTER VP 04/03/2009

Electronic Signature of Signing Officer or Director — Date