

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90149 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000002855**

1. Corporation Name  
**SUNRISE ASSISTED LIVING INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
 9401 LEE HIGHWAY, SUITE 300 9401 LEE HIGHWAY, SUITE 300  
 FAIRFAX VA 22031 FAIRFAX VA 22031

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 29 Zip Country  
 24 25 28 30

3. Date Incorporated or Qualified  
**05/31/1994**  
 4. FEI Number Applied For  
**54-1674683** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KLAASSEN, PAUL J	
STREET ADDRESS	9401 LEE HIGHWAY, #300	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAASSEN, TERESA M	
STREET ADDRESS	9401 LEE HIGHWAY, #300	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWELL N, THOMAS B	
STREET ADDRESS	9401 LEE HIGHWAY, #300	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TIMONER, SUSAN L	
STREET ADDRESS	9401 LEE HIGHWAY, SUITE 300	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POPE, JAMES S	
STREET ADDRESS	9401 LEE HWY, SUITE 300	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP David W. Faeder
6.3 STREET ADDRESS	9401 Lee Highway, Suite 300
6.4 CITY-ST-ZIP	Fairfax, VA 22031

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 2/11/99 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)