

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004382

1. Entity Name

STERLING HOUSE CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 018 ***158.75

Principal Place of Business

Mailing Address

450 N SUNNYSLOPE RD SUITE 300
 BROOKFIELD WI 53005

450 N SUNNYSLOPE RD SUITE 300
 BROOKFIELD WI 53005-4861

2. Principal Place of Business

10000 Innovation Dr.

3. Mailing Address

10000 Innovation Dr.

Suite, Apt. #, etc.

Tax Dept

Suite, Apt. #, etc.

Tax Dept.

City & State

Milwaukee WI

City & State

Milwaukee WI

Zip

Country

53226

Zip

53226

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1097141

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **VICK, STEVE L**
 STREET ADDRESS **450 N SUNNYSLOPE RD SUITE 300**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE ☐ Change ☐ Addition
 NAME **10000 Innovation Dr.**
 STREET ADDRESS **Milwaukee WI 53226**
 CITY-ST-ZIP **53226**

TITLE **CH/D** ☐ Delete
 NAME **BUCHANAN, TIMOTHY J**
 STREET ADDRESS **450 N SUNNYSLOPE RD SUITE 300**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPAS** ☒ Delete
 NAME **KNOTT, GAIL R**
 STREET ADDRESS **453 SOUTH WEBB ROAD SUITE 500**
 CITY-ST-ZIP **WICHITA KS 67207**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LASKY, WILLIAM F**
 STREET ADDRESS **450 N SUNNYSLOPE RD SUITE 300**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **VICK, STEVEN L**
 STREET ADDRESS **450 N SUNNYSLOPE RD SUITE 300**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KOMULA, THOMAS M. E**
 STREET ADDRESS **450 N SUNNYSLOPE RD SUITE 300**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark J. Chapman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Chapman 4-26-00 414-918-5593
 Date Daytime Phone #

CR2E034 (9/99)