

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F97000005962

1. Corporation Name  
**ALS-VENTURE I, INC.**

Principal Place of Business  
**450 N. SUNNYSLOPE RD., STE. 300  
BROOKFIELD WI 53005**

Mailing Address  
**450 N. SUNNYSLOPE RD., STE. 300  
BROOKFIELD WI 53005**

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90023 041 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/12/1997**

4. FEI Number  
**39-1912087**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**C T 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PETTY, WILLIAM G JR.  
901 WARRENVILLE RD., STE. 205  
LISLE IL 60532**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LASKY, WILLIAM F  
450 N. SUNNYSLOPE DR., STE. 300  
BROOKFIELD WI 53005**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVAS  
KNEEN, JOHN W  
901 WARRENVILLE RD., STE. 205  
LISLE IL 60532**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVST  
KOMULA, THOMAS E  
450 N. SUNNYSLOPE DR., STE. 300  
BROOKFIELD WI 53005**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVAS  
Mark Ohlendorf  
450 N. SUNNYSLOPE ROAD, STE 300  
BROOKFIELD, WI 53005**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VAS  
John Peterson  
450 N. SUNNYSLOPE ROAD, STE 300  
BROOKFIELD, WI 53005**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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:

**THOMAS E. KOMULA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-22-99**

Daytime Phone #

**414-641-7563**

CR2E034 (11/98)