

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005962

1. Entity Name

ALS-VENTURE I, INC.

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

05-16-2000 90033 026 ***158.75

Principal Place of Business

Mailing Address

450 N. SUNNYSLOPE RD., STE. 300
 BROOKFIELD WI 53005

450 N. SUNNYSLOPE RD., STE. 300
 BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10000 Innovation Dr.

10000 Innovation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept.

Tax Dept.

City & State

City & State

Milwaukee WI

Milwaukee WI

Zip 53226

Country

Zip 53226

Country

4. FEI Number

39-1912087

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

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

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

TITLE DVAS ☐ Delete
 NAME OHLENDORF, MARK
 STREET ADDRESS 450 N SUNNYSLOPE RD, STE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

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

TITLE VAS ☐ Delete
 NAME PETERSON, JOHN
 STREET ADDRESS 450 N SUNNYSLOPE RD, STE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK J Chapman
 4-21-00

Date

Daytime Phone #

414 918-5595

CR2E034 (9/99)