

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90111 046 ***150.00

ADD83051

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006572					
1. Entity Name Home and Community Care, Inc.					
Principal Place of Business 11835 NE Glenn Widing Drive Building E Portland, OR 97220-9057			Mailing Address 11835 NE Glenn Widing Drive Building E Portland, OR 97220-9057		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 86-0864255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301-2525			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wm. James Nicol Same as above listed mailing address.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Drew Q. Miller Same as above listed mailing address.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandra Campbell Same as above listed mailing address.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wm. James Nicol Same as above.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sandra Campbell</u> Sandra Campbell, Secretary			08/22/01		(503) 262-0311
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

CR2E034 (11/00)



Assisted Living Concepts, Inc.

August 23, 2001

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Home and Community Care, Inc. ("HCI")

Ladies and Gentlemen:

Enclosed is the 2001 Uniform Business Report of the referenced foreign corporation.

Please be advised that HCI has no record of receiving the original 2001 UBR form from the Florida Division of Corporations, which we understand was sent to corporation's principal place of business on or around the end of December 2000. In addition, HCI has no record of receiving the delinquency notice sent sometime after May 1, 2001.

Consequently, we ask that the division waive the \$550.00 filing fee, and accept our check for \$150.00 relative to this filing.

If there are questions, please call the undersigned at (503) 262-0311.

Sincerely,

A handwritten signature in cursive script that reads "Theresa R. Gradt".

Theresa R. Gradt
Legal Department

Enclosures

Attachment
DET-970000006572
A0083051