

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004084

1. Entity Name

ALS-VENTURE II, INC.

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

05-16-2000 90033 023 \*\*\*158.75

Principal Place of Business

Mailing Address

450 N SUNNYSLOPE ROAD, STE 300  
 BROOKFIELD WI 53005

450 N SUNNYSLOPE ROAD, STE 300  
 BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10000 Innovation Dr.  
 Suite, Apt. #, etc.

10000 Innovation Dr.  
 Suite, Apt. #, etc.

Tax Dept.  
 City & State

Tax Dept.  
 City & State

Milwaukee WI  
 Zip

Milwaukee WI  
 Zip

4. FEI Number 39-1930217

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

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

TITLE PD ☐ Delete  
 NAME BUCHANAN, TIMOTHY J  
 STREET ADDRESS 450 N SUNNYSLOPE DR., STE 300  
 CITY-ST-ZIP BROOKFIELD WI

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

TITLE D ☐ Delete  
 NAME VICK, STEVEN L  
 STREET ADDRESS 450 N SUNNYSLOPE DR., STE 300  
 CITY-ST-ZIP BROOKFIELD WI

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

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

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

TITLE VAS ☐ Delete  
 NAME OHLENDORF, MARK W  
 STREET ADDRESS 450 N SUNNYSLOPE DR., STE 300  
 CITY-ST-ZIP BROOKFIELD WI

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

TITLE VAS ☒ Delete  
 NAME BOITANI, DAVID M  
 STREET ADDRESS 450 N SUNNYSLOPE DR., STE 300  
 CITY-ST-ZIP BROOKFIELD WI

TITLE ☐ Change ☐ Addition  
 NAME 10000 Innovation Dr.  
 STREET ADDRESS Milwaukee WI 53226  
 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

414-918-5523

CR2E034 (9/99)