

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90022 030 ***158.75

DOCUMENT # F98000004084

1. Entity Name
ALS-VENTURE II, INC.

Principal Place of Business
**10000 INNOVATION DRIVE
 TAX DEPT
 MILWAUKEE WI 53226**

Mailing Address
**10000 INNOVATION DRIVE
 TAX DEPT
 MILWAUKEE WI 53226**

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 39-1930217		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASKY, WILLIAM F		NAME	KRISTIN A. FERGE	
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS	10000 INNOVATION DR.	
CITY-ST-ZIP	BROOKFIELD WI		CITY-ST-ZIP	MILWAUKEE WI 53224	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, TIMOTHY J		NAME	GERI KRUPPGORDON	
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS	10000 INNOVATION DR.	
CITY-ST-ZIP	BROOKFIELD WI		CITY-ST-ZIP	MILWAUKEE WI 53224	
TITLE	D P C O O	<input type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICK, STEVEN L		NAME	ANTHONY R GEONNATI, JR	
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS	10000 INNOVATION DR.	
CITY-ST-ZIP	BROOKFIELD WI		CITY-ST-ZIP	MILWAUKEE WI 53224	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMULA, THOMAS E		NAME		
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		CITY-ST-ZIP		
TITLE	VAS V S T D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLENDORF, MARK W		NAME		
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOITANI, DAVID M		NAME		
STREET ADDRESS	450 N SUNNYSLOPE DR., STE 300		STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		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: Kristin Ferge KRISTIN FERGE VP 4/23/01 414-918-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0587463

CR2E034 (10/00)