

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006698

1. Entity Name

ALS-WOVENHEARTS, INC.

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

05-16-2000 90033 025 ***158.75

Principal Place of Business

Mailing Address

450 N. SUNNYSLOPE ROAD, SUITE 300
 BROOKFIELD WI 53005

450 N. SUNNYSLOPE ROAD, SUITE 300
 BROOKFIELD WI 53005-4861

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

39-1848562

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 LASKY, WILLIAM F
 450 N. SUNNYSLOPE DRIVE, SUITE 300
 BROOKFIELD WI 53005 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 BUCHANAN, TIMOTHY J
 450 N. SUNNYSLOPE DRIVE, SUITE 300
 BROOKFIELD WI 53005 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 COOD
 VICK, STEVEN L
 450 N. SUNNYSLOPE DRIVE, SUITE 300
 BROOKFIELD WI 53005 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VST
 KOMULA, THOMAS E
 450 N. SUNNYSLOPE DRIVE, SUITE 300
 BROOKFIELD WI 53005 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VAS
 OHLENDORF, MARK W
 450 N. SUNNYSLOPE DRIVE, SUITE 300
 BROOKFIELD WI 53005 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VAS
 BOITANO, DAVID M
 1142 BROADWAY PLAZA, SUITE 300
 TACOMA WA 98402 ☒ Delete

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

Mark J. Chapman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)