9/23/2002-90045-010-$750.00-$750.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001116

1. Entity Name

ASSISTED LIVING CONCEPTS SERVICES, INC.

FILED

02 OCT 24 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

Principal Place of Business	Mailing Address
11835 NE GLENN WIDING DRIVE. BLDG E PORTLAND OR 97220-9057	11835 NE GLENN WIDING DRIVE. BLDG E PORTLAND OR 97220-9057

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 93-1229804 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M Catherine Maloney 9/18/02
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 $550.00
After September 13, 2002 Fee will be $750.00
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	PD NICOL, WM JAMES 11835 NE GLENN WIDING DR., BLDG E PORTLAND OR 97220-9057 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Change ☒ Addition VICK, STEVEN 11835 NE GLENN WIDING DR., BLDG E PORTLAND, OR 97220-9057
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAMPBELL, SANDRA 11835 NE GLENN WIDING DR., BLDG E PORTLAND OR 97220-9057 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S ☐ Change ☒ Addition PATRICK, MATTHEW 11835 NE GLENN WIDING DR., BLDG E PORTLAND, OR 97220-9057
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, DREW Q 11835 NE GLENN WIDING DR., BLDG E PORTLAND OR 97220-9057 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LADD, RICHARD 11956 S SHADOW HILLS CT SE TURNER OR 97392 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED 10/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Matthew G. Patrick