

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90033 033 ***158.75

DOCUMENT # F99000002941

1. Entity Name
AHC TENANT, INC.

Principal Place of Business 450 N. SUNNYSLOPE ROAD SUITE 300 BROOKFIELD WI 53005	Mailing Address 450 N. SUNNYSLOPE ROAD SUITE 300 BROOKFIELD WI 53005-4861
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10000 Innovation Dr.	3. Mailing Address 10000 Innovation Dr.
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Suite, Apt. #, etc. Tax Dept.	Suite, Apt. #, etc. Tax Dept.
City & State Milwaukee WI	City & State Milwaukee WI

4. FEI Number 39-1963751	APPLIED FOR	Applied For
		Not Applicable

Zip 53226	Country	Zip 53226	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP LASKY, WILLIAM F 450 N. SUNNYSLOPE ROAD BROOKFIELD WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICK, STEVEN L 450 N. SUNNYSLOPE ROAD BROOKFIELD WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KOMULA, THOMAS E 450 N. SUNNYSLOPE ROAD BROOKFIELD WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS OHLENDORF, MARK W 450 N. SUNNYSLOPE ROAD BROOKFIELD WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BOITANO, DAVID M 1142 BROADWAY PLAZA, SUITE 300 TACOMA WA 98402	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS PETERSON, JOHN D 450 N. SUNNYSLOPE ROAD BROOKFIELD WI 53005	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 Innovation Dr. Milwaukee WI 53226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 Innovation Dr. Milwaukee WI 53226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 Innovation Dr. Milwaukee WI 53226	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 Innovation Dr. Milwaukee WI 53226	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 Innovation Dr. Milwaukee WI 53226	<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: SIGN *Mark J. Chapman* **Mark J. Chapman** **4-21-00** **41498-5383**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)