## **5 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F99000002941

1. Entity Name AHC TENANT, INC.

Principal Place of Business 10000 INNOVATION DRIVE

TAX DEPT

MILWAUKEE WI 53226

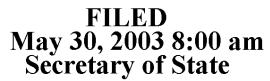
Mailing Address

10000 INNOVATION DRIVE

TAX DEPT

MILWALIKEE WI 53226

2. Principal Place of Business 3. Mailing Address 48 WALL STREET ZTTK FLOOR 48 WALL STREET, 27TH FLOOR Suite, Apt. #, etc. Suite, Apt. #, etc.



05-30-2003 90088 028 \*\*\*558.75



K CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 39-1963754 NEW YORK Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTASD **VPAS** 🔀 Delete 🔀 Addition TITLE TITLE FERGE, KRISTIN A DEAN A. CHRISTIANSEN NAME NAME 10000 INNOVATION DR. 48 WALL STREET, ZITH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53226 CITY-ST-ZIP NEW YORK, NY 10005 VATS ☐ Change ★ Addition TITLE DVAS Delete TITLE LORI GEBRON NAME OHLENDORF, MARK W NAME 48 WALL STREET, 27TH FLOOR STREET ADDRESS STREET ADDRESS 10000 INNOVATION DR. CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53226 NEW YORK, NY 10005 VATASD **Addition** TITLE 👿 Delete TITLE Change ORLANDO FIGUEROA. NAME Krupp-Gordon: Geri NAME 48 WALL STREET, Z7TH FLOOR STREET ADDRESS STREET ADDRESS 10000 INNOVATION DR. NEW YORK, NY 10005 CITY-ST-ZIP MILWAUKEE WI 53226 CITY-ST-ZIP VATAS ☐ Change Addition TITLE **VPAS** X Delete TITLE ALBEAT J. FIDRAVANTI NAME GEONNOTI, ANTHONY R JR NAME 48 WALL STREET 27TH FLOOR STREET ADDRESS 10000 INNOVATION DR. STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53226 CITY-ST-ZIP NEW YORK, NY 10005 VATA5 ☐ Delete TITLE Change Addition SUSAN C. CIARAMELLA 48 WALL STREET, 27 TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10005 VATA5 TITLE ☐ Delete TITLE Change Addition MARY L. BRADY NAME NAME STREET ADDRESS STREET ADDRESS 48 WALL STREET 27TH FLOOR 10005 CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY

12. I hereby certify that the information supplied with this filing sees 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 additional 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Signatur SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR