

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90088 028 ***558.75

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
MILWAUKEE WI 53226**

2. Principal Place of Business

48 WALL STREET, 27TH FLOOR

Suite, Apt. #, etc.

3. Mailing Address

48 WALL STREET, 27TH FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10005

Country

City & State

NEW YORK, NY

Zip

10005

Country

4. FEI Number

39-1963754

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPAS ☒ Delete
NAME FERGE, KRISTIN A
STREET ADDRESS 10000 INNOVATION DR.
CITY-ST-ZIP MILWAUKEE WI 53226

TITLE DVAS ☒ Delete
NAME OHLENDORF, MARK W
STREET ADDRESS 10000 INNOVATION DR.
CITY-ST-ZIP MILWAUKEE WI 53226

TITLE VPAS ☒ Delete
NAME KRUPP-GORDON, GERI
STREET ADDRESS 10000 INNOVATION DR.
CITY-ST-ZIP MILWAUKEE WI 53226

TITLE VPAS ☒ Delete
NAME GEONNOTI, ANTHONY R JR
STREET ADDRESS 10000 INNOVATION DR.
CITY-ST-ZIP MILWAUKEE WI 53226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTASD ☐ Change ☒ Addition
NAME DEAN A. CHRISTIANSEN
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VATS ☐ Change ☒ Addition
NAME LORI GERBON
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VATASD ☐ Change ☒ Addition
NAME ORLANDO FIGUEROA
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VATAS ☐ Change ☒ Addition
NAME ALBERT J. FIDRAVANTI
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VATAS ☐ Change ☒ Addition
NAME SUSAN C. CIARAMELLA
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VATAS ☐ Change ☒ Addition
NAME MARY L. BRADY
STREET ADDRESS 48 WALL STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03 212 316-9007

Date Daytime Phone #

CR2E034 (10/02)