

F990000003154

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

200002909032--9
-06/18/99--01065--013
*****70.00 *****70.00

CORPORATION(S) NAME

200002909032--9
-06/18/99--01065--012
*****8.75 *****8.75

ALS National, Inc.

☒ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal
☐ Reinstatement

☐ Mark

☐ Limited Partnership
☐ LLC

☐ Annual Report
☐ Name Registration
☐ Fictitious Name

☐ Other
☐ Change of RA
☐ UCC

☐ Certified Copy

☐ Photocopies

☒ CUS

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait

☐ After 4:30
☒ Pick Up

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

06/18/99

(b)

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DIVISION OF CORPORATIONS
99 JUN 18 PM 1:25
RECEIVED
99 JUN 18 AM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AL JUN 18 1999

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. ALS National, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 39-1940729
(FEI number, if applicable)
4. September 14, 1998
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 450 N. Sunnyslope Rd., Suite 300, Brookfield, Wisconsin 53005
(Current mailing address)
8. To develop and/or operate assisted living or dementia care facilities
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)
10. Registered agent acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Dale W. Morris

(Registered agent's signature) (Officer)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

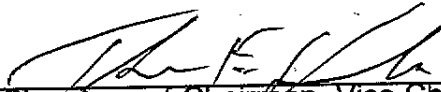
Address: _____

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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas E. Komula, Vice President _____
(Typed or printed name and capacity of person signing application)

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As of June 10, 1999

**OFFICERS & DIRECTORS OF
ALS NATIONAL, INC.**

William F. Lasky
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53005

Director
Chief Executive Officer
President

Timothy J. Buchanan
Business Address:
453 South Webb Road, Suite 500
Wichita, KS 67207

Director

Steven L. Vick
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53003

Director
Chief Operating Officer

Thomas E. Komula
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53005

Director
Vice President, Secretary, Treasurer

Mark W. Ohlendorf
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53003

Director
Vice President, Assistant Secretary

David M. Boitano
Business Address:
1142 Broadway Plaza, Suite 300
Tacoma, WA 98402

Vice President, Assistant Secretary

John D. Peterson
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53003

Vice President, Assistant Secretary

D. Lee Field
Business Address:
1142 Broadway Plaza, Suite 300
Tacoma, WA 98402

Vice President

Michael Frey
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53003

Vice President

Douglas G. Rupe
Business Address:
453 South Webb Road, Suite 500
Wichita, KD 67207

Vice President

Eric C. Walesh
Business Address:
450 N. Sunnyslope Drive, Suite 300
Brookfield, WI 53005

Vice President

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALS NATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9803751

DATE:

06-15-99