

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003154

1. Entity Name

ALS NATIONAL, INC.

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

05-16-2000 90033 024 \*\*\*158.75

Principal Place of Business

Mailing Address

450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005

450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005-4861

2. Principal Place of Business

3. Mailing Address

10000 Innovation Dr.

10000 Innovation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept.

Tax Dept.

City & State

City & State

Milwaukee WI

Milwaukee WI

Zip

Zip

Country

Country

53226

53226



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1940729

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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.

SIGNATURE

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 POCE  
 LASKY, WILLIAM F  
 450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 10000 Innovation Dr.  
 Milwaukee WI 53226 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BUCHANAN, TIMOTHY J  
 453 SOUTH WEBB ROAD, SUITE 500  
 WICHITA KS 67207 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DCO  
 VICK, STEVEN L  
 450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 10000 Innovation Dr.  
 Milwaukee WI 53226 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DVST  
 KOMULA, THOMAS E  
 450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 10000 Innovation Dr.  
 Milwaukee WI 53226 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DVAS  
 OHLENDORF, MARK W  
 450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 10000 Innovation Dr.  
 Milwaukee WI 53226 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPAS  
 BOITANO, DAVID M  
 450 N. SUNNYSLOPE RD., SUITE 300  
 BROOKFIELD WI 53005 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 10000 Innovation Dr.  
 Milwaukee WI 53226 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Chapman

Date

Daytime Phone #

4-21-00

414-918-5558

CR2E034 (9/99)