

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90022 033 ***158.75

DOCUMENT # F99000003154

1. Entity Name
ALS NATIONAL, INC.

Principal Place of Business
**10000 INNOVATION DR.
 TAX DEPT.
 MILWAUKEE WI 53226**

Mailing Address
**10000 INNOVATION DR.
 TAX DEPT.
 MILWAUKEE WI 53226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1940729**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2001 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 **PDCE** ☒ Delete
 STREET ADDRESS **LASKY, WILLIAM F**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE WI 53226**

TITLE
 NAME **VPAS** ☐ Change ☒ Addition
 STREET ADDRESS **KRISTIN A. FERGE**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE WI 53226**

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

TITLE
 NAME **VPAS** ☐ Change ☒ Addition
 STREET ADDRESS **GERI KRUPP-GORDON**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE WI 53226**

TITLE
 NAME **DCO P** ☐ Delete
 STREET ADDRESS **VICK, STEVEN L**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE WI 53226**

TITLE
 NAME **VPAS** ☐ Change ☒ Addition
 STREET ADDRESS **ANTHONY R GEORNOVITZ**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE, WI 53226**

TITLE
 NAME **DVST** ☒ Delete
 STREET ADDRESS **KOMULA, THOMAS E**
 CITY-ST-ZIP **10000 INNOVATION DR.
 MILWAUKEE WI 53226**

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

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

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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: _____

Kristin Ferge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRISTIN FERGE VP 4/22/01

Date

414-918-5000
 Daytime Phone #

CR2E034 (10/00)