49000004427 Document

CT	Corporati	on System	·
Reque	estor's Name		
660) East Jef	ferson St	reet
Addre	ess		
Ta]	llahassee.	FL 32301	(850)222-1092
City	State	Zlp	Phone

CR2E031 (1-89)

*****70.00 *****70.00

CORPORATION(S) NAME

ALS NaTIONAL SPE I	Pag	99 % 101 A 66
MC2 INMIGRACIO TO E	, 400	AUG 2
		26 PH
() NonProfit	() Amendment	() Merger - RAP
XForeign	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Annual Report	() Other UCC Filing
() Reinstatement	() Reservation	() Change of R.A.
		() Fic. Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready	() Call if Problem	() After 4:30
≰₃} Walk In	() Will Wait	籡 Pick Up
(ੈ) Mail Out	.t.	727
Name Availability Document	Please	e Return Extra Copie
Examiner	V A	Te stamped to:
Updater	8/26	580 In
Verifier		frey Butterfield
Acknowledgment		27
W.P. Verifier	DK 1/26/9	4

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

STATE OF FLORIDA:		o 9,90
		3 30
. ALS National SPE I, Inc.		
(Name of corporation: must include the word "INCORPORATED", "COI abbreviations of like import in language as will clearly indicate that it is or partnership if not so contained in the name at present.)	MPANY", "CORPORATION" a corporation instead of a na	, or words or atural person
2. Delaware	3. 39-1961163	
(State or country under the law of which it is incorporated)	(FEI number, if	applicable)
4. April 21, 1999 5. Perpetual		7" · \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
(Date of incorporation) (Duration: Year	corp. will cease to exist or "	perpetual")
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, Wisco	onsin 53005	
400 H, Odmiyougoo 1991, Tallog VIII		· · · · · · · · · · · · · · · · · · ·
(Current mailing address)		
p To operate, develop, lease, and/or sublease assiste	d living and/or demer	itia care
8. <u>facilities</u> . (Purpose(s) of corporation authorized in home state or country to be car Florida)		
9. Name and street address of Florida registered agent:		
Name: C T Corporation System		. =
c/o C T Corporation System, 1200 Sou Office Address: Island Road	th Pine	
<u>Plantation</u> , Florida, <u>33324</u> (Zip Cod	de)	
10. Registered agent acceptance: Having been named as registered agent and to accept service of process designated in this application. I hereby accept the appointment as register further agree to comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligation of my position as register	red agent and agree to act ir roper and complete performa	n this capacity. I
C T Corporation System	anterestrational and the second	
(Registered agent's signature) (Office	cer)	
` • ' • ' • ' • ' • ' • ' • ' • ' • ' •	- 1	

JENNIFER F AULTMAN

(FL - 2189 - 11/16/94)

11. deliv havi	Attached is a certi very of this applicat ing custody of corp	ficate of existence duly authenticated, not more tha ion to the Department of State, by the Secretary of orate records in the jurisdiction under the law of whi	n 90 days prior to State or other official ich it is incorporated.
		sses of officers and/or directors:	99 000
A.	DIRECTORS		
	Chairman	See attached list of directors	6 600
	Address:		
	Vice Chai	rman: <u>see attached list of directors</u>	-
	, (dd, 000		
	Director:		
		See attached list of directors	
	Address		
	Address: _		
В.	OFFICERS		
	President:	See attached list of officers	
	Address:	Dec attached fist of officers	Annes de la companya
	_		
	Vice Presid	lent:	
	Address:		
	/ (dui 055)		
	Saaratan :		
	Address: _		,, <u> </u>
	_	**·	

reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional directors.	Aal officers
13.	W6 26
(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)	2 8

OFFICERS & DIRECTORS OF ALS NATIONAL SPE I, INC.

William F. Lasky

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53005

Steven L. Vick

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53003

Thomas E. Komula

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53005

Mark W. Ohlendorf

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53003

David M. Boitano

Business Address:

1142 Broadway Plaza, Suite 300

Tacoma, WA 98402

John D. Peterson

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53003

D. Lee Field

Business Address:

1142 Broadway Plaza, Suite 300

Tacoma, WA 98402

Michael Frey

Business Address:

450 N. Sunnyslope Drive, Suite 300

Brookfield, WI 53003

Director

Chief Executive Officer

President

Director

Chief Operating Officer

Director

Vice President, Secretary, Treasurer

Director

Vice President, Assistant Secretary

Vice President, Assistant Secretary

Vice President, Assistant Secretary

Vice President

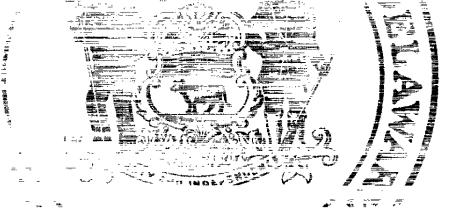
Vice President

2280,326 201568.1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ALS NATIONAL SPE I, INC." IS DULK
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 TWENTY-FOURTH DAY OF
AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



Edward J. Freel, Secretary of State

AUTHENTICATION:

9936575

991352125

3032907 8300

DATE:

08-24-99