

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004427

1. Entity Name

ALS NATIONAL SPE I, INC.

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

05-16-2000 90033 028 ***158.75

Principal Place of Business

Mailing Address

450 NORTH SUNNYSLOPE ROAD, SUITE 300
 BROOKFIELD WI 53005

450 NORTH SUNNYSLOPE ROAD, SUITE 300
 BROOKFIELD WI 53005-4861

2. Principal Place of Business

10000 Innovation Dr

3. Mailing Address

10000 Innovation Dr

Suite, Apt. #, etc.

Tax Dept

Suite, Apt. #, etc.

Tax Dept

City & State

Milwaukee WI

City & State

Milwaukee

Zip

53224

Country

Zip

WI

Country

53224



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1961163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

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

TITLE PD ☐ Delete
 NAME LASKY, WILLIAM F
 STREET ADDRESS 450 NORTH SUNNYSLOPE ROAD, SUITE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

TITLE D ☐ Delete
 NAME VICK, STEVEN L
 STREET ADDRESS 450 NORTH SUNNYSLOPE ROAD, SUITE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

TITLE VSTD ☐ Delete
 NAME KOMULA, TOHOMAS E
 STREET ADDRESS 450 NORTH SUNNYSLOPE ROAD, SUITE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

TITLE VASD ☐ Delete
 NAME OHLENDORF, MARK W
 STREET ADDRESS 450 NORTH SUNNYSLOPE ROAD, SUITE 300
 CITY-ST-ZIP BROOKFIELD WI 53005

TITLE VAS ☒ Delete
 NAME BOITANO, DAVID M
 STREET ADDRESS 1142 BROADWAY PLAZA, SUITE 300
 CITY-ST-ZIP TACOMA WA 98402

TITLE VAS ☐ Delete
 NAME PETERSON, JOHN D
 STREET ADDRESS 450 NORTH SUNNYSLOPE DRIVE, SUITE 300
 CITY-ST-ZIP BROOKFIELD WI 53003

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME 10000 Innovation Dr.
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS Milwaukee WI 53226
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)