## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 10, 2002 8:00 am Secretary of State

09-10-2002 90229 040 \*\*\*558.75

DOCUMENT #	F99000006522
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1. Entity Name

Assisted Living Concepts, Inc.

DO	NOT	WRITE	IN THIS	SPACE

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Principal Place of Business     11835 NE Glenn Widing Drive     3. Mailing Address     11835 NE Glenn Widing Drive							
Suite, Apt. #, etc. Suite, Apt. #, etc. Building E Building E			DO NOT WRITE IN THIS SPACE .				
City & State City & State Portland, Oregon Portland, Oregon		4. FEI Numbe	FEI Number 93-1148702				
<sup>Zip</sup> <b>97220</b>	Country <b>USA</b>	<sup>Zip</sup> 97220	Zip Country		of Status Desired	\$8.75 Additional Fee Required	
•		*		7. Name and A	ddress of Current Registe	red Agent	
		•	Name C	orporation Servi	ce Company		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)			
			1201 I	1201 Hays Street			
			City <b>Ta</b> l	Tallahassee FL Zip Code 32301-252			
8. The above	named entity submits this statement	for the purpose of changing	its registered office or i	egistered agent, or bott	n, in the State of Florida.		
SIGNATURE .							
	Signature, typod or printed name of registered ago	oni and title if applicable. (f	IOTE: Registered Agent signatur	required when reinstating)	DAT	F,	
			ay 1, Fee is \$550.00 ded.UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AN	ID DIRECTORS					
TITLE NAME STREET ADDRESS CITY: ST: ZIP	P/D - Steven L. Vick 11835 NE Glenn Widing Portland, OR 97220	Drive, Building E	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST, ZIP	D/V/T/S - Matthew G. Pa 11835 NE Glenn Widing Portland, OR 97220		TITLE NAME STREET ADDRESS CITY-S1-ZIP				
TITLE 1.  NAME  STREET ADDRESS  CITY-ST-ZIP	V - Cathy Maloney 11835 NE Glenn Widing Portland, OR 97220	Drive, Building E	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	O NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	V - Steven Arndt 11835 NE Glenn Widing Portland, OR 97220	Drive, Building E	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	IN	THIS SPA	CE	
TITLE	V - Ron Kerr		TTTLE	•			

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 on an attachment with an address of the component of the corporation of the corporation of the receiver or trustee empowered.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP THLE

SIGNATURE:

6457 Reflections Drive, Suite 110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dublin, OH 43017** 

See attached Addendum.

NAME

THE

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

Matthew G. Patrick

8/27/02

(503) 252-6233

Date

Daytime Phono e

Assisted Living Concepts, Inc. Document # F99000006522 Addendum to UBR



Additional Officers and Directors:

D: Andrew Adams, Andre Dimitriadis, Mark Holliday, Richard Ladd, Leonard Tannenbaum

V: Mark West, Bill McCarty, Teresa Allmond, Gerry Ramsdale, Sandi Petersen