

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P09525**
 1. Entity Name
EXTENDICARE HEALTH NETWORK, INC
 Principal Place of Business Mailing Address
111 WEST MICHIGAN STREET MILWAUKEE, WI 53203 **111 WEST MICHIGAN STREET MILWAUKEE, WI 53203**
 2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
 01 OCT 22 AM 11:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

5/23/01 9/185/023 \$150.00
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEE ATTACHED <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | LS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Walter A. Levonowich WALTER A. LEVONOWICH 04/24/01 414/908-8093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment Doc # 109525
C 0070078

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OFFICERS AND DIRECTORS

Richard L. Bertrand
Senior Vice President - Planning & Development

Joy D. Calkin*
Chair

Roch Carter
Vice President, General Counsel & Asst. Secretary

Mark W. Durishan*
Vice President, Chief Financial Officer & Treasurer

Jillian E. Fountain
Secretary

Douglas J. Harris
Vice President and Controller

Walter A. Levonowich
Vice President

John G. McLaughlin
President & Chief Operating Officer

Melvin A. Rhineland*
Chief Executive Officer

L. William Wagner
Vice President

* Denotes Directors

All above are located at:
111 West Michigan Street
Milwaukee, WI 53203