

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90357 018 ***150.00

DOCUMENT # P14602
 1. Entity Name
 MANOR LIVING CENTERS, INC.

Principal Place of Business Mailing Address
 333 NORTH SUMMIT ST. 333 NORTH SUMMIT ST.
 TOLEDO, OH 43604 TOLEDO, OH 43604

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 52-1465781 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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 _____ 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. (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3
 see attached

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: *X O L Schmitt* 04-25-01 (419) 252-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Attachment
845186

Manor Living Centers, Inc.

P14602

OFFICERS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

R. Jeffrey Bixler
Steven M. Cavanaugh

Nancy A. Edwards
Larry R. Godla
John K. Graham
Jeffrey A. Grillo
Douglas G. Haag
David C. Heberling
William H. Kinschner

Barry A. Lazarus
Larry C. Lester
Spencer C. Moler
O. William Morrison
Wade B. O'Brian

Richard W. Parades
John I. Remenar

F. Joseph Schmitt
Martin D. Allen

David L. Gehrich
Thomas R. Kile
David K. Nees

Chairman, President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer
& Assistant Secretary
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary
Vice President, General Manager, Central Div.
Vice President, Development & Construction
Vice President, Director of Rehabilitation Services
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Treasurer
Vice President, Employee Relations
Vice President, Director of Management
Support Services
Vice President, Director of Reimbursement
Vice President, General Manager, Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, General Manager, Eastern Div.
Vice President, Director of Human Resources
and Labor Relations & Assistant Secretary
Vice President, General Manager, Mid-States Div.
Vice President, Director of Financial Services
& Assistant Treasurer
Vice President, General Manager, Southern Div.
Assistant Vice President, Director of
Reimbursement Services
Assistant Secretary & Assistant Treasurer
Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43604
Phone: (419) 252-5500