

# 2000 UNIFORM BUSINESS REPORT (UBR)

05/1/99

DOCUMENT # P23595

1. Entity Name

EXTENDICARE HEALTH SERVICES, INC.

FILED

00 MAY 16 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

105 W MICHIGAN ST.  
ATTN: LEGAL DEPARTMENT  
MILWAUKEE WI 53203

Mailing Address

105 W MICHIGAN ST.  
ATTN: LEGAL DEPARTMENT  
MILWAUKEE WI 53203-2903

2. Principal Place of Business

111 W. MICHIGAN ST.  
Suite, Apt. #, etc.

3. Mailing Address

111 W. MICHIGAN ST.  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0066268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, J. WESLEY 105 W. MICHIGAN ST. MILWAUKEE WI 53203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHINELANDER, MELVIN A. 2200 YONGE ST.. TORONTO ONT. CAN.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARTER, ROCH 105 W. MICHIGAN ST. MILWAUKEE WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVONWICH, WALTER A. 105 W. MICHIGAN ST. MILWAUKEE WI 53203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN G. MCLAUGHLIN 111 W. MICHIGAN ST. MILWAUKEE, WI 53203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 111 W. MICHIGAN ST. MILWAUKEE, WI 53203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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. LEVONWICH 4/28/00 414/908-8438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-2E034 (9/99)

## **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

Timothy J. Murphy  
Vice President and Assistant Secretary

Melvin A. Rhineland\*  
Chief Executive Officer

L. William Wagner  
Vice President

All above are at:  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8000

\* above denotes Directors.