

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33656 (0)

1. Corporation Name

EXTENDICARE HOLDINGS, INC.



Principal Place of Business

105 WEST MICHIGAN STREET, 8TH FLOOR
MILWAUKEE WI 53203

Mailing Address

105 WEST MICHIGAN STREET, 8TH FLOOR
MILWAUKEE WI 53203

3. Date Incorporated or Qualified 04/18/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 39-1686371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LADLY, FREDERICK B.	
STREET ADDRESS	3000 STEELES AVENUE E	
CITY-ST-ZIP	MARKHAM ONTARIO CANA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, GUY W.	
STREET ADDRESS	105 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	ABRAMOWSKI, ROBERT J.	
STREET ADDRESS	105 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUSTIN, LELAND M., JR.	
STREET ADDRESS	105 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERTRAND, RICHARD L.	
STREET ADDRESS	3000 STEELES AVENUE E	
CITY-ST-ZIP	MARKHAM ONTARIO CANA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	DINAUER, THOMAS A.	
STREET ADDRESS	105 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.-CFO

4-22-96

414-347-4405

Date

Daytime Phone #

CR2E034 (12/95)