


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P33656	
1. Entity Name EXTENDICARE HOLDINGS, INC.	

Principal Place of Business 111 W. MICHIGAN ST MILWAUKEE, WI 53203	Mailing Address 111 W. MICHIGAN ST MILWAUKEE, WI 53203
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1686371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	SRVP
NAME	SMALL, PHILLIP W
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VCAS
NAME	CARTER, ROCH
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	CEOD
NAME	RHINELANDER, MELVIN A
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VP
NAME	WAGNER, WILLIAM L
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	S
NAME	FOUNTAIN, JILLIAN E
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VCFO
NAME	DURISHAN, MARK W
STREET ADDRESS	111 W. MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas J Harris **4/27/04** **414/908-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #