


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 034 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 39-1686371	
Zip		Country		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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMALL, PHILLIP W 111 W. MICHIGAN ST MILWAUKEE, WI 53203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Lukenda, Timothy L. 111 W. Michigan Street Milwaukee, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS CARTER, ROCH 111 W. MICHIGAN ST MILWAUKEE, WI 53203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Kreilein, Janet L. 111 W. Michigan Street Milwaukee, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, DOUGLAS 111 W. MICHIGAN ST MILWAUKEE, WI 53203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP / CFO Harris, Douglas J. 111 W. Michigan Street Milwaukee, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOUNTAIN, JILLIAN E 111 W. MICHIGAN ST MILWAUKEE, WI 53203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fountain, Jillian E. 3000 Steeles Ave. East, Suite 700 Markham, Ontario, Canada L3R 9W2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC BETRAND, RICHARD L 111 W. MICHIGAN ST MILWAUKEE, WI 53203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nelson, LaRae L. 111 W. Michigan Street Milwaukee, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janet Kreitein</i> 414-908-8000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40060341



04092008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SMALL, PHILLIP W	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	VCAS	<input type="checkbox"/> Delete
NAME	CARTER, ROCH	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, DOUGLAS	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOUNTAIN, JILLIAN E	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	BETRAND, RICHARD L	
STREET ADDRESS	111 W. MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lukenda, Timothy L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kreilein, Janet L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	Senior VP / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Douglas J.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fountain, Jillian E.	
STREET ADDRESS	3000 Steeles Ave. East, Suite 700	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 9W2	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, LaRae L.	
STREET ADDRESS	111 W. Michigan Street	
CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Janet Kreitein* **414-908-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #