

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90240 047 ****70.00

0016130

DOCUMENT # 839014

1. Entity Name

LIFE CARE RETIREMENT COMMUNITIES, INC.

(Handwritten initials)

Principal Place of Business
200 E. GRAND AVENUE
390
DES MOINES IA 50309-1800
US

Mailing Address
1600 HUB TOWER
699 WALNUT
DES MOINES IA 50309

00000034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. Grand Avenue

Suite, Apt. #, etc.
Suite 230

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Des Moines, IA

City & State

4. FEI Number **42-1068850**

Applied For
 Not Applicable

Zip
50309-1800

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1290 S. PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, L CALL, JR 3737 SOUTHERN HILLS DRIVE DES MOINES IA 50321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARVER, GARLAND K 7305 RIDGEMONT URBANDALE IA 50322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KADUCE, JOHN J. 200 E GRAND AVE, S390 DES MOINES IA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEFRON, MIANNE 147-34TH STREET DES MOINES IA 50312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUFFER, WILLIAM A. 3920 GRAND AVE., SOUTH 301 DES MOINES IA 50312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOREMAN, JOHN 6019 WEYBRIDGE JOHNSTON IA 50131	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD Kaduce, John J. 100 E. Grand Avenue, Suite 230 Des Moines, IA 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enyart, Mianne 147 - 34th Street Des Moines, IA 50312	<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	TD Foreman, Merlin 6019 Weybridge Johnston, IA 50131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: SIGNATURE REQUIRED *President + CEO 7/31/01* (515) 288-5805

CF2E037 (5/01)

Attachment
839014
D0060054

LIFE CARE RETIREMENT COMMUNITIES, INC.
CORPORATE NUMBER: 839014
2001 ADDITIONAL OFFICER/DIRECTOR LIST

Item 10 Continued:

TITLE:	S	NAME:	CODER, SYDNEY J. 4505 - 73 RD STREET URBANDALE, IA 50322
TITLE:	D	NAME:	BOURNE, DONALD W. 440 IRON HILL STREET PLEASANT HILL, CA 94523-5602
TITLE:	VD	NAME:	PIERSON, ERNEST C. 112 HOMEDALE ROAD HOPKINS, MN 55343

Item 11 Continued:

ADDITIONS:

TITLE	D	NAME:	KNAPP II, WILLIAM C. 5000 WESTOWN PARKWAY, SUITE 100 WEST DES MOINES, IA 50266
TITLE	D	NAME:	MURDOCH, DAVID E. 3001 IROQUOIS RD. WILMETTE, IL 60091
TITLE	D	NAME:	NOLAND, JAMES E. 21 GLEN RIDGE LANE. PITTSBURGH, PA 15243