

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90041 041 \*\*\*\*70.00

**DOCUMENT # 839014**

1. Entity Name  
**LIFE CARE RETIREMENT COMMUNITIES, INC.**

Principal Place of Business      Mailing Address  
**100 E GRAND AVENUE**      **1600 HUB TOWER**  
**SUITE 230**      **699 WALNUT**  
**DES MOINES IA 50309-1800**      **DES MOINES IA 50309**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 330**

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**42-1068850**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICKINSON, L CALL, JR</b> <b>3737 SOUTHERN HILLS DRIVE</b> <b>DES MOINES IA 50321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>CARVER, GARLAND K</b> <b>7305 RIDGEMONT</b> <b>URBANDALE IA 50322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KADUCE, JOHN J.</b> <b>100 E GRAND AVENUE SUITE 230</b> <b>DES MOINES IA 50309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENYART, MIANNE</b> <b>147-34TH STREET</b> <b>DES MOINES IA 50312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAUFFER, WILLIAM A.</b> <b>3920 GRAND AVE., SOUTH 301</b> <b>DES MOINES IA 50312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FOREMAN, MERLIN</b> <b>6019 WEYBRIDGE</b> <b>JOHNSTON IA 50131</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100 E. Grand Avenue, Suite 330</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: John Kaduce **Kaduce Pres. + CEO 4-23-02 515-288-5805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

B0097660

Attachment 2

Florida 2002 Uniform Business Report  
Life Care Retirement Communities, Inc.

Corporate Number 839014

11. Additions/Changes to Officers and Directors in 10

S  
Coder, Sydney J.  
4505 - 73<sup>rd</sup> Street  
Urbandale, IA 50322

D  
Bourne, Donald W.  
440 Iron Hill Street  
Pleasant Hill, CA 94523-5602

V/D  
Ernest C. Pierson  
112 Homedale Road  
Hopkins, MN 55343

D  
Change  
4850 Park Glen Road  
Minneapolis, MN 55416

D  
Knapp, William C. II  
5000 Westown Parkway, Suite 100  
West Des Moines, IA 50266-5921

D  
Murdoch, David M.  
3001 Iroquois Road  
Wilmette, IL 60091

D  
Noland, James E.  
21 Glen Ridge Lane  
Pittsburgh, PA 15243

VP (effective 04/29/02)      Addition  
Harrison, Scott M.  
100 East Grand Avenue, Suite 330  
Des Moines, IA 50309