

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90459 028 ***550.00

DOCUMENT # 822823

1. Entity Name
HARRIS MORAN SEED COMPANY

Principal Place of Business Mailing Address
P.O. BOX 4938 P.O. BOX 4938
MODESTO CA 95352 MODESTO CA 95352

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **94-1695235** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

☐ Delete
 NAME **COO**
 STREET ADDRESS **BRUNO, CARETTE**
 CITY-ST-ZIP **555 CODONI AVENUE**
MODESTO CA 95357

☐ Delete
 TITLE
 NAME **VPR**
 STREET ADDRESS **MCELROY, JEFF**
 CITY-ST-ZIP **2700 MARINA DRIVE # 6**
MODESTO CA 95355

☐ Delete
 TITLE
 NAME **VPHR**
 STREET ADDRESS **SILVA, PATRICIA**
 CITY-ST-ZIP **1255 SWEETBRIER PLACE**
MANTECA CA 95336

☐ Delete
 TITLE
 NAME **VPO**
 STREET ADDRESS **MIZICKO, JOHN**
 CITY-ST-ZIP **401 W. UNION**
MODESTO CA 95356

☒ Delete
 TITLE
 NAME **CFO**
 STREET ADDRESS **SMITH, JAMES**
 CITY-ST-ZIP **3513 DRALINGTON CT**
MODESTO CA 95356

☒ Delete
 TITLE
 NAME **VPA**
 STREET ADDRESS **SMITH, JAMES**
 CITY-ST-ZIP **3513 DRALINGTON CT**
MODESTO CA 95356

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition
 TITLE **CFO**
 NAME **RAYMOND J. TARKA, RAYMOND**
 STREET ADDRESS **7259 OAKCREEK DRIVE**
 CITY-ST-ZIP **STOCKTON, CA 95207**

☐ Change ☒ Addition
 TITLE **VPA**
 NAME **TARKA, RAYMOND**
 STREET ADDRESS **7259 OAKCREEK DRIVE**
 CITY-ST-ZIP **STOCKTON CA 95207**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Raymond J. Tarka** **RAYMOND J. TARKA** 6/13/02 209-549-5242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)