FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 843825 (1)

1. Corporation Name

HARROW PRODUCTS, INC.

Principal Place of Business
2627 EAST BELTLINE, SE
GRAND RAPIDS MI 49546

Mailing Address
2627 EAST BELTLINE, SE
GRAND RAPIDS MI 49546

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 38-2266858 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, JOHN S.	1.2 NAME	
STREET ADDRESS	2627 E BELTLINE SE	1.3 STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS, MI 0	1.4 CITY ST ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	UZIELLI, PHILIP A	2.2 NAME	
STREET ADDRESS	2627 E BELTINE SE	2.3 STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	OHRSTROM, GEORGE L	3.2 NAME	
STREET ADDRESS	540 MADISON AVE	3.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY 0	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	KENNA, DOUGLAS	4.2 NAME	CALDER, DONALD
STREET ADDRESS	540 MADISON AVE	4.3 STREET ADDRESS	540 MADISON AVE
CITY ST ZIP	NEW YORK, NY 0	4.4 CITY ST ZIP	NEW YORK, NY 10022
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, LARRY L	5.2 NAME	
STREET ADDRESS	2627 E BELTLINE S.E.	5.3 STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI	5.4 CITY ST ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	MARDEN, JOHN N.	6.2 NAME	
STREET ADDRESS	101 PARK AVE.	6.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John S. Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John S. Hogan, Vice President

April 25, 1995 (616) 942-1440
Date Daytime Phone #

FN