

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/01/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

38-2266858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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 date of application

Signature, typed or printed name of registered agent and date of application

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	☐ DELETE
NAME	HOGAN, JOHN S.	
STREET ADDRESS	2627 E BELTLINE SE	
CITY-STATE-ZIP	GRAND RAPIDS, MI 0	
TITLE	CD	☒ DELETE
NAME	UZIELLI, PHILIP A	
STREET ADDRESS	2627 E BELTLINE SE	
CITY-STATE-ZIP	GRAND RAPIDS MI	
TITLE	VD	☐ DELETE
NAME	OHRSTROM, GEORGE L	
STREET ADDRESS	540 MADISON AVE	
CITY-STATE-ZIP	NEW YORK, NY 0	
TITLE	VD	☐ DELETE
NAME	CALDER, DONALD	
STREET ADDRESS	540 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	P	☒ DELETE
NAME	ADAMS, LARRY L	
STREET ADDRESS	2627 E BELTLINE S.E.	
CITY-STATE-ZIP	GRAND RAPIDS MI	
TITLE	AS	☐ DELETE
NAME	MARDEN, JOHN N.	
STREET ADDRESS	101 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	CDP
7. STREET ADDRESS	Dudley C. Mecum
8. CITY-STATE-ZIP	2627 E. Beltline, SE Grand Rapids, MI 49546
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☒ Addition
14. NAME	VS
15. STREET ADDRESS	Betsy F. Raymond
16. CITY-STATE-ZIP	2627 E. Beltline, SE Grand Rapids, MI 49546
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(g), 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 29, 1996 (616) 942-1440

City

Phone Number

CR2E034 (12/95)