

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90067 024 ***150.00

DOCUMENT # **F93000001545**

1. Entity Name
HARRIS ENVIRONMENTAL SYSTEMS, INC.

Principal Place of Business Mailing Address
11 CONNECTOR ROAD **11 CONNECTOR ROAD**
ANDOVER MA 01810 **ANDOVER MA 01810**

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 Applied For
04-2269767 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

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HUNT, PHILIP W	
STREET ADDRESS	11 CONNECTOR ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MURRAY, ALEXANDER J	
STREET ADDRESS	11 CONNECTOR ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMPAGNE, ARTHUR P	
STREET ADDRESS	11 CONNECTOR ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWNICKI, MARY J	
STREET ADDRESS	11 CONNECTOR ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary Lawnicki* *Treasurer* *3/11/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)