**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 17, 1999 8:00 am**
**Secretary of State**
05-17-1999 90016 001 ***150.00

DOCUMENT # P38355 VoK

Corporation Name

HARMON ASSOC., CORP.

552884 - 90016 - 1

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/92

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 21 c/o Legal Department | 26 c/o Tax Dept. | 11-2042847 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 1650 Lake Cook Road | Suite, Apt. #, etc. 27 6802 Paragon Place | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 Deerfield IL | City & State 28 Richmond VA | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 60015-0089 Country 25 USA | Zip 29 23230 Country 30 USA | 8. This corporation owes the current year Intangible Personal Property Tax. | ☒ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| The Prentice-Hall Corporation System, Inc.<br>1201 Hays Street<br>Tallahassee FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | C/D<br>Norman Harvey<br>Two Jericho Plaza<br>Jericho NY 11753-1681 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V/D<br>Ernst A. Haberli<br>1650 Lake Cook Road<br>Deerfield IL 60015-0089 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | PTD<br>Joyce Harvey<br>Two Jericho Plaza<br>Jericho NY 11753-1681 ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | VSD<br>Clifford A. Cutchins, IV<br>1650 Lake Cook Road<br>Deerfield IL 60015-0089 ☐ Change ☐ A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V/Tax Counsel<br>T. Norman Bush<br>6802 Paragon Place, Suite 400<br>Richmond VA 23230 ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Asst. Secretary<br>Susan O. Self<br>6802 Paragon Place, Suite 400<br>Richmond VA 23230 ☒ Change |

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

**SIGNATURE:** Susan O. Self Susan O. Self, Asst. Secr. 5/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #