2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2017
Secretary of State
CC0040720374

DOCUMENT# N96000006415

Entity Name: INTERNATIONAL HARRIS WIRELESS USERS GROUP, INC.

Current Principal Place of Business:

4450 U.S. HIGHWAY 1
VERO BEACH, FL 32967

Current Mailing Address:

% MARY WERTZBERGER
201 W STATE ST
MARSHALLTOWN, IA 50158 US

FEI Number: 65-0726506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STORK, ROBERT W
4450 U.S. HIGHWAY 1
VERO BEACH, FL 32967 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	EVANS, JUSTIN
Address	1300 S LOOP 336 W
City-State-Zip:	CONROE TX 77304

Title	PRESIDENT ELECT
Name	THACKER, CHAD
Address	1300 SOUTH LOOP 336 WEST
City-State-Zip:	CONROE TX 77304

Title	VP
Name	ALLEN, CHARLOTTE
Address	526 INDUSTRIAL BLVD
City-State-Zip:	MCDONOUGH GA 30253

Title	DIRECTOR
Name	ANDRE, JAMES
Address	1111 LOUISIANA ST SUITE 1622B
City-State-Zip:	HOUSTON TX 77002

Title	TREASURER
Name	WERTZBERGER, MARY
Address	201 W STATE ST
City-State-Zip:	MARSHALLTOWN IA 50158

Title	SECRETARY
Name	YOUNG, JOHN
Address	1521 RIDGELAND RD E
City-State-Zip:	MOBILE AL 36695

Title	DIRECTOR
Name	BELL, SHERI DR.
Address	6101 DAWELREY AVE
City-State-Zip:	REGINA SK SUP3K7

Title	DIRECTOR
Name	FODI, DENNIS
Address	8744 GOVERNMENT DR
City-State-Zip:	NEW PORT RICHEY FL 34654

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY WERTZBERGER TREASURER 01/11/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOWEN, TOM
Address	409 E 12TH STREET
City-State-Zip:	ROME GA 30161