

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

DOCUMENT # 638805

1. Corporation Name
HARBOUR ISLAND INC.

Principal Place of Business

424 KNIGHTS RUN AVE.
TAMPA FL 33602
US

Mailing Address

300 BENEFICIAL CENTER
PEAPACK NJ 07977
US

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90062 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1979

4. FEI Number

51-0256917

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2700 Sanders Rd

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Attn: Tax Dept

Suite, Apt. #, etc.

27

City & State

23 Prospect Heights, IL

City & State

28

Zip

24 60070

Country

25 Cook

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KERR, DAVID C.G.
211 EAST MADISON STREET, 23RD FLOOR
TAMPA FL 33602

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

TITLE D
NAME CASPERSEN, FINN M W
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON DE

TITLE PD
NAME MATTHEW J. BROAS
STREET ADDRESS 200 BENEFICIAL CENTER
CITY-ST-ZIP PEAPACK NJ

TITLE D
NAME CHARLES D. BROWN
STREET ADDRESS 200 BENEFICIAL CENTER
CITY-ST-ZIP PEAPACK NJ

TITLE D
NAME CHARLES H. WATTS
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON DE

TITLE D
NAME FARRIS, DAVID J.
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON NJ

TITLE D
NAME HILLIER, J. ROBERT
STREET ADDRESS 77 ALEXANDER ROAD
CITY-ST-ZIP PRINCETON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME G.D. Gilmer
1.3 STREET ADDRESS 2700 SANDERS ROAD
1.4 CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

2.1 TITLE Director
2.2 NAME J.W. Brenke
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Director
3.2 NAME S.A. Vozar
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Director
4.2 NAME M.A. DeLuca
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director
5.2 NAME P.R. Shay
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)