2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 850011 Jan 28, 2000 8:00 am 1. Entity Name HARMAN ELECTRIC COMPANY **Secretary of State** 01-28-2000 90088 039 ***150.00 Mailing Address Principal Place of Business 44 GOLFVIEW CT ROTONDA W 44 GOLFVIEW CT ROTONDA W PO BOX 5101 PO BOX 5101 ENGLEWOOD FL 34224-0101 ENGLEWOOD FL 34224-0101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 25-1067463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHAEFFER, ELMER F., JR. Street Address (P.O. Box Number is Not Acceptable) 44 GOLFVIEW CT GROVE CITY, FL ROTONDA W. FL 33947 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE SCHAEFFER, ELMER F JR NAME 44 GOLFVIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROTONDA WEST, FL 33947** ___ Addition Delete ☐ Change TITLE TITLE BENTZ, WARREN W NAME NAME 434 KAHKWA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ERIE. PENN 16505** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SCHAEFFER, CAROLYN J NAME NAME 44-GOLFVIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONDA WEST, FL 33947 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SCHAFFER, JAMES D NAME NAME 79 OAKLAND HILLS CT STREET ADDRESS STREET ADDRESS **ROTONDA WEST FL 33947** CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT X Addition ☐ Delete TITLE ☐ Change TITLE HARVEY E. DOVE 8295 CYPRESS ROAD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD. ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/6/2000 S

941-697-4272

Daytime Phone #