---- 2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F01000002539 1. Entity Name HARLAN LAWS CORPORATION

FILED Mar 18, 2004 08:00 AM - Secretary of State

Principal Place of Business P.O. DRAWER 15070

DURHAM, NC 27704

SIGNATURE:

Mailing Address

P.O. DRAWER 15070 DURHAM, NC 27704



02222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-0794771

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

						The same of the sa
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	i office or r	egistered agent, or bot	in, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and site t	if applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.			····	\$5.00 May Be Added to Fees	<u> </u>	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LAWS, STEVEN L 304 MULDEE STREET DURHAM, NC 27703				U000000091673	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		03/18/04-80018-008	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		·	DO	NOT WRITE	
TATLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the Information supplied with this filling 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 supplied entair report is true and accurate eight that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute ordinates as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ay address, with all othersike empowered.						