

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 024 ***150.00

DOCUMENT # F07000003649

1. Entity Name
HARVEST MANAGEMENT SERVICES CORP.



Principal Place of Business
6715 NE 63RD ST. STE 468
VANCOUVER, WA 98661-1980

Mailing Address
6715 NE 63RD ST. STE 468
VANCOUVER, WA 98661-1980

40003303



01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
9310 NE Vancouver Mall Dr.
Suite 200
City & State
Vancouver WA
Zip 98662
Country

3. Mailing Address
9310 NE Vancouver Mall Dr.
Suite 200
City & State
Vancouver WA
Zip 98662
Country

4. FEI Number
26-00-0193657
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATY, DANIEL R		NAME		
STREET ADDRESS	3131 ELLIOT AVE STE 500		STREET ADDRESS		
CITY- ST- ZIP	SEATTLE, WA 98121		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L		NAME		
STREET ADDRESS	6715 NE 63RD ST. STE 468		STREET ADDRESS	9310 NE Vancouver Mall Dr. Suite 200	
CITY- ST- ZIP	VANCOUVER, WA 986611980		CITY- ST- ZIP	Vancouver WA 98662	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, PATRICK F		NAME	"	
STREET ADDRESS	600 UNIVERSITY ST STE 2500		STREET ADDRESS	"	
CITY- ST- ZIP	SEATTLE, WA 98101		CITY- ST- ZIP	"	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L		NAME	"	
STREET ADDRESS	6715 NE 63RD ST. STE 468		STREET ADDRESS	"	
CITY- ST- ZIP	VANCOUVER, WA 986611980		CITY- ST- ZIP	"	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, BRUCE D		NAME	"	
STREET ADDRESS	6715 NE 63RD ST. STE 468		STREET ADDRESS	"	
CITY- ST- ZIP	VANCOUVER, WA 986611980		CITY- ST- ZIP	"	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIDER, SUSAN L		NAME	"	
STREET ADDRESS	6715 NE 63RD ST. STE 468		STREET ADDRESS	"	
CITY- ST- ZIP	VANCOUVER, WA 986611980		CITY- ST- ZIP	"	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman L Brenden 1/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #