

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90036 037 ***150.00

DOCUMENT # F13029

1. Corporation Name
HARRIS BUSINESS GROUP, INC.

Principal Place of Business
611 N.BARKER RD.,STE.200
BROOKFIELD WI 53045
US

Mailing Address
611 N.BARKER RD.,STE.200
BROOKFIELD WI 53045
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1980

4. FEI Number
59-2058740

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALTON, CARL
2751 QUAIL HOLLOW RD. E
CLEARWATER FL 34621

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PDS
STREET ADDRESS SEYLER, ALFRED E
CITY-ST-ZIP 4034 DEER CREEK LANE
WADSWORTH IL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME T/S
1.3 STREET ADDRESS Henry Nelson
1.4 CITY-ST-ZIP 21920 Foxhaven Run #4
Waukesha, WI 53186

TITLE ☐ DELETE
NAME DC
STREET ADDRESS NELSON, WILLIAM G
CITY-ST-ZIP 22 W100 GLEN VALLEY DR
GLEN ELLYN IL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DC
2.3 STREET ADDRESS Nelson, William G.
2.4 CITY-ST-ZIP 2217 Hidden Creek Ct.
Lisle, IL 60532

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seyler, President 3/16/99 (414) 784-9099

Date

Daytime Phone #

CR2E034 (1/98)