2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F13029 Sep 12, 2000 8:00 am Secretary of State HARRIS BUSINESS GROUP.INC. 09-12-2000 90005 001 ***550.00 Principal Place of Business Mailing Address 611 N.BARKER RD..STE.200 611 N.BARKER RD., STE. 200 **BROOKFIELD WI 53045 BROOKFIELD WI 53045** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2058740 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALTON, CARL Street Address (P.O. Box Number is Not Acceptable) 2751 QUAIL HOLLOW RD. E CLEARWATER FL 3/48/24 33761 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDS** ☐ Addition ☐ Delete TITLE TITLE **PDS** SEYLER, ALFRED E NAME NAME Seyler, Alfred E STREET ADDRESS STREET ADDRESS 4034 DEER CREEK LANE 14034 Deer Creek Lane CITY-ST-ZIP CITY-ST-ZIP WADSWORTH IL Waksworth, IL 60083 Change Addition: ☐ Delete TITLE NAME NELSON, WILLIAM G NAME Nelson, William G STREET ADDRESS 2217 HIDDEN CREEK CT STREET ADDRESS 2217 Hidden Creek Ct CITY-ST-ZIP CITY-ST-ZIP LISLE IL Lisle, IL 60532 TITLE X Change Addition TITLE ☐ Delete TS NAME NELSON, HENRY G NAME Nelson, Henry G STREET ADDRESS 22920 FOXHAVEN RUN #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 21920 Foxhaven Run #4 WAUKESHA WI Waukesha, WI 53186 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does of 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 all other like empowered.

SIGNATURE: Signature for Printed Name of Signing Officer on Director Dayling D

Daytime Phone #