2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000002658 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** HARMONY BROOK, INC. 03-31-2000 90073 042 ***150.00 Principal Place of Business Mailing Address ONE CULLIGAN PKWY 1030 LONE OAK ROAD NORTHBROOK IL 60062-6209 EAGAN MN 55121 Mailing Address 2. Principal Place of Business t0-004 (Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Desert 4. FEI Number City & State 41-1648132 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director, President TITI F Addition TITLE **Delete** michael J. Reardon HENDRIX, CALVIN R NAME NAME 40-004 COOK STREET ADDRESS 1 CULLIGAN PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 alm Deserti Director, VP, Treas. Joseph F, Morrison DVPS Treasurer 🗆 Change ☐ Delete TITLE TITLE HULME, MICHAEL E JR. NAME One Calligan Pkwy 1 CULLIGAN PKWY STREET ADDRESS STREET ADDRESS ,0062 CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP ☐ Addition TITLE **D**elete CAMPBELL, ROSS M NAME NAME 1 CULLIGAN PKWY STREET ADDRESS STREET ADDRESS NORTHBROOK IL 60062 CITY-ST-ZIP CITY-ST-ZIP Addition | Secretary Delete TITLE TITLE GOSSIN, AMY G NAME NAME 40-004 COOK ST STREET ADDRESS STREET ADDRESS PALM DESERT CA 92211 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE SPENCE, KEVIN L NAME NAME 40-004 COOK ST STREET ADDRESS STREET ADDRESS PALM DESERT CA 92211 CITY-ST-ZIP CITY-ST-7IP AΤ Change ☐ Addition TITLE TITLE ☐ Delete WHITE, WILLIAM F NAME NAME 1 CULLIGAN PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7(P NORTHBROOK IL 60062 CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR