

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002132

FILED
Jan 24, 2002 8:00 AM
Secretary of State

Entity Name: HARKEN, INCORPORATED

Current Principal Place of Business:

1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072

New Principal Place of Business:

Current Mailing Address:

1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072

New Mailing Address:

FEI Number: 39-1086764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, NEIL
11 EVONAIRE CIRCLE
BELLEAIR, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HARKEN, PETER O
Address: W278 N2931 ROCKY POINT
City-St-Zip: PEWAUKEE, WI 53072

Title: WVC () Delete
Name: HARKEN, OLAF T
Address: W238 N2251 BEACH PARK
City-St-Zip: PEWAUKEE, WI 53072

Title: S () Delete
Name: SORENSEN, ROSE
Address: W267 N2926 PETERSON DRIVE
City-St-Zip: PEWAUKEE, WI 53072

Title: TD () Delete
Name: MITCHEL, ARTHUR B
Address: W291 N2210 ELMHURST
City-St-Zip: PEWAUKEE, WI 53072

Title: D () Delete
Name: PYLE, RUSSELL
Address: 221 N. LASALLE STREET, SUITE 850
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE SORENSEN

S

01/24/2002

Electronic Signature of Signing Officer or Director

_____ Date