

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90003 042 ***150.00

DOCUMENT # F99000002132

1. Entity Name
HARKEN, INCORPORATED



Principal Place of Business
**1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072**

Mailing Address
**1251 E. WISCONSIN AVE.
PEWAUKEE, WI 53072**

50023409



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

39-1086764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARVEY, NEIL
11 EVONAIRE CIRCLE
BELLEAIR, FL 33756**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
HARKEN, PETER O
W278 N2931 ROCKY POINT
PEWAUKEE, WI 53072** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Robert Sweet
20750 Vincent Dr, Brookfield, WI 53045** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VVC
HARKEN, OLAF T
W238 N2251 BEACH PARK
PEWAUKEE, WI 53072** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Heather Evans
704 Coventry Lane
Hartland, WI 53029** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SORENSEN, ROSE
W267 N2926 PETERSON DRIVE
PEWAUKEE, WI 53072** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Ed Schwessinger
321 Railroad Ave
Greenwich, CT 06830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MITCHEL, ARTHUR B
W291 N2210 ELMHURST
PEWAUKEE, WI 53072** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Giampaolo Spera
Via Leonardi da Vinci, 17
21040 Venegono Superiore, Italy** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PYLE, RUSSELL
221 N. LASALLE STREET, SUITE 850
CHICAGO, IL 60601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Andy Ash Vie
Bearing House, Ampress Lane
Hampshire, Great Britain SO41 8LW** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Patrick Rieuepeyrou
ZA Port Des Minimes, BP 3064
17032 La Rochelle Cedex 1, France** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

Date

262-691-3320

Daytime Phone #