APR-30-01 08:19 PM CHAMPION GROUP

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90276 032 ****61.25

DOCUMENT # N01000000036

1. Entity Name
HARBINGER QUEST, INC.

Principal Place of Business | Mailing Address

D0055568

2. Principal Place of Business: 132 E 3RD AVE
Suite, Apt. #, etc.:
City & State: PIERSON, FL
Zip: 32180 Country: USA

3. Mailing Address: P O BOX 528
Suite, Apt. #, etc.:
City & State: PIERSON, FL
Zip: 32180 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied For ☒ Not Applicable

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
Name: RALPH K SWANSON
Street Address (P.O. Box Number is Not Acceptable):
132 E 3RD AVE
City: PIERSON FL Zip Code: 32180

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: Ralph K. Swanson 30 Apr '01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on this filing) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Secretary of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PSTD RALPH K. SWANSON 132 E 3RD AVE PIERSON, FL 32180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D ZEA PROCTOR 8 JACKSON CT CASSELBERRY, FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D MARCUS VAHLE 2610 OVERLOOK CT MERRITT ISLAND, FL 32953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 617, 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: Ralph K. Swanson RALPH K SWANSON 4/30/01 (386)749-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #