

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000072712

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** HARRISON INSTITUTE OF TECHNOLOGY INC.

**Current Principal Place of Business:**

4 SOHOU STREET  
ATHENS 11525 GREECE,

**New Principal Place of Business:**

2761 VISTA PARKWAY  
SUITE E4  
WEST PALM BEECH, FL 33411 US

**Current Mailing Address:**

4 SOHOU STREET  
ATHENS 11525 GREECE,

**New Mailing Address:**

4 SOHOU STREET  
SUITE 500  
ATHENS, AT 11525 GR

**FEI Number:** 68-0682182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY  
SUITE E4  
WEST PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KANELLOPOULOS, ACHILLEAS  
Address: 4 SOHOU STREET  
City-St-Zip: ATHENS 11525 GREECE,

Title: SD  
Name: HATZINIKOLAOU, ELENI  
Address: 4 SOHOU STREET  
City-St-Zip: ATHENS 11525 GREECE,

Title: VD  
Name: KANELLOPOULOS, NICK  
Address: 4 SOHOU STREET  
City-St-Zip: ATHENS 11525 GREECE,

Title: TD  
Name: KANELLOPOULOS, KONSTANTINOS  
Address: 4 SOHOU STREET  
City-St-Zip: ATHENS 11525 GREECE,

I hereby 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 all other like empowered.

SIGNATURE: ACHILLEAS KANELLOPOULOS

PROF

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date