FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:24

DOCUMENT # P29031 (2)

1. Corporation Name
HARRIS, INC. GOVERNMENT SERVICES CONTRACTOR

Principal Place of Business	Mailing Address
2309 ANNETT STREET BOISE ID 83705	2309 ANNETT STREET BOISE ID 83705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1990	3a. Date of Last Report: 04/19/1994
4. FEI Number: 82-0371553	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AUGUSTINE, LYNDA
11347 ANDY DR
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WESLEY	1.2 NAME	
STREET ADDRESS	5850 W. CHERRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN ID	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	VP
STREET ADDRESS		2.3 STREET ADDRESS	Terri Fuller
CITY-ST-ZIP		2.4 CITY-ST-ZIP	306 Canellia Ave Meridian, ID 83642
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Sec/Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Rick Muchow
CITY-ST-ZIP		3.4 CITY-ST-ZIP	10655 W. Blackhawk Dr. Boise, ID 83709
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wesley E. Harris Wesley E HARRIS 01-21-95 (208) 887-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

04P1171 FTN