

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90016 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38355** ✓OK
Corporation Name
HARMON ASSOC., CORP.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/92	
21	c/o Legal Department	26	c/o Tax Dept.	4. FEI Number 11-2042847	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. 1650 Lake Cook Road	27	Suite, Apt. #, etc. 6802 Paragon Place	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Deerfield IL	28	City & State Richmond VA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 60015-0089	25	Country USA	29	Zip 23230
30	Country USA	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			1.2 NAME	Norman Harvey	
STREET ADDRESS			1.3 STREET ADDRESS	Two Jericho Plaza	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Jericho NY 11753-1681	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME	V/D Ernst A. Haberli	
STREET ADDRESS			2.3 STREET ADDRESS	1650 Lake Cook Road	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Deerfield IL 60015-0089	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			3.2 NAME	PTD Joyce Harvey	
STREET ADDRESS			3.3 STREET ADDRESS	Two Jericho Plaza	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jericho NY 11753-1681	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A	
NAME			4.2 NAME	VSD Clifford A. Cutchins, IV	
STREET ADDRESS			4.3 STREET ADDRESS	1650 Lake Cook Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Deerfield IL 60015-0089	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>	
NAME			5.2 NAME	V/Tax Counsel T. Norman Bush	
STREET ADDRESS			5.3 STREET ADDRESS	6802 Paragon Place, Suite 400	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Richmond VA 23230	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	
NAME			6.2 NAME	Asst. Secretary Susan O. Self	
STREET ADDRESS			6.3 STREET ADDRESS	6802 Paragon Place, Suite 400	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Richmond VA 23230	

14. 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Susan O. Self, Asst. Secr.

5/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #