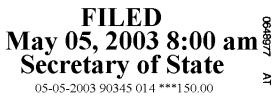
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P38544 DOCUMENT # 1. Entity Name



HARRIS INVESTIGATIONS, INC.					7				
Principal Place of Business 518 BIDDLE WYANDOTTE MI 48192 US		518 B	Mailing Address 518 BIDDLE WYANDOTTE MI 48192 US			11036386			
2. Principal f	Place of Business	<b>3.</b> Ma	3. Mailing Address				BIBII BIBII BIBII B	1011 01011 1001	
Suite, Apt	#, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City	City & State			78-2774219	<del></del>	oplied For	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Curre	nt Registere	ed Agent	<del>1</del>	7, 1	Name and Address of New Registerer	<u>_</u>		
				Name					
HARRIS, GLENN'R. 7 COLORADO				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	AST FL 32137						***		
				City		F	Zip Cod	le	
	e named entity submits this statement tions of registered agent.	t for the purp	ose of changing its	s registered office or registe	ered ag	ent, or both, in the State of Florida. 1 ar	n familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if app	olicable. (NO	E: Registered Agent signature require	ed when re	einstating) DATE	<del></del>		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN		les	11.	ΑΓ	L DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP HARRIS, GLENN R. 22392 INDEPENDENCE WOODHAVEN MI	10 0 0 10	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,	3110101211111023	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRIS, PATRICIA A. 22392 INDEPENDENCE WOODHAVEN MI		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
THTLE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	Lon this report or supplemental report	t is true and powered to	accurate and that execute this report	my signature shall have the as required by Chapter 60	same l	119 07(3)(i), Florida Statutes. I further c legal effect as if made under oath; that da Statutes; and that my name appears	Lam an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)