

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062078 (9)

1. Corporation Name

HARPER ALLIANCE, INC.

Principal Place of Business

3820 FOSSIL CREEK COURT
NAPERVILLE IL 60564

Mailing Address

3820 FOSSIL CREEK COURT
NAPERVILLE IL 60564



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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/30/1993	05/01/1995
4. FEI Number	Applied For
58-2076743	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RASMUSSEN, ROBERT C
100 S ASHLEY DR
SUITE 1300
TAMA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	HARPER, LOIS J.	1.2 NAME	
STREET ADDRESS	3820 FOSSIL CREEK CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPERVILLE IL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	HARPER, ROBERT W.	2.2 NAME	
STREET ADDRESS	3820 FOSSIL CREEK CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPERVILLE IL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	HARPER, ROBERT R.	3.2 NAME	
STREET ADDRESS	3820 FOSSIL CREEK CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPERVILLE IL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	
NAME	HARPER, ELIZABETH J.	4.2 NAME	
STREET ADDRESS	3820 FOSSIL CREEK CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPERVILLE IL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(k), 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: *Lois J. Harper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 (408) 978-7570
Date Daytime Phone

CR2E034 (12/95)