2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000816

1. Entity Name

THE HARGER COMPANY

FILED Jan 29, 2000 8:00 am Secretary of State

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8. Name and Address of Current Registered Agent WITT, GERARD'M 7. Name and Address of New Registered Agent Name Name Street Address (PO-Box Number is Not Acceptable) City FL Zio Code City City City FL Zio Code City City City City FL Zio Code City Ci	City & State		City & State			4.	FEI Number 65-0546257			
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WITT, GERARD M 7405 MAHOGANY BEND PLACE BOCA RATON FL 33434-5122 Siteset Address (P.OBox Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Plorada. SIGNATURE 9. This corporation is eligible to assistly its mangible Tax liting ocquinement and elects to do so a Make Check Payable to Department of State Name On abold Note Change December and Heritage State St		6. Name and Address of Current F	Registered Agent		Nome	7.	Name and Address of New Regist	ered Agen	<u>t</u>	
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8. 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 Signature, upead or protect name of registered signature and the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature, upead or protect name of registered signature and registered signature registered agent, or both, in the State of Florida. Signature	7405	MAHOGANY BEND PLACE			Street Address (P.O-Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or printed name of registered agent and life if applicable. 9. This composition is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criterion to back) 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE MME WITT, ZELLA S 7405 MAHOGANY BEND PLACE BOCA RATON FL 33434 TITLE NAME WITT, GERARD M 7405 MAHOGANY BEND PLACE BOCA RATON FL STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-	}				City			FL 3	Zip Code	•
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9. This corporation is eligible to satisfy its intangible fax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Made to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 14. ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME NAME STREET ADDRESS CITY-ST-2P 15. ADDITIONS/CHANGES CITY-ST-2P 15. AD	 SIGNATURE .	Signature (your orinted name of recistered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requ	uired when r	einstatung)	DATE		
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	L	certify that the information supplied with	this filing does not qualify fo			Section	119.07(3)(i), Florida Statutes. I furth	er certify the	nat the in	formation

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.