04-22-'08 12:14 FROM-RKC 9543708221

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Secretary of State
04-28-2008 90372 045 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000036054

1. Entity Name
ROBERT G. HARRISON SALES U.S.A., INC.

Principal Place of Business	Mailing Address
4801 SOUTH UNIVERSITY DR SUITE 3090 DAVIE FL 33328	4801 SOUTH UNIVERSITY DR SUITE 3090 DAVIE FL 33328

2.

Principal Place of Business	Mailing Address
1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322	1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0827191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCUPAY SERVICES CORP.
4801 S. UNIVERSITY DRIVE
SUITE 3090
DAVIE, FL 33328

7. Name and Address of New Registered Agent

ACCUPAY SERVICES CORP.
1776 N. Pine Island Rd.
Suite 216
Plantation, FL 33322
Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-17-08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, ROBERT G 226 B ST. LEGER STREET KITCHENER, ONTARIO CANADA, N2H4M5 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON ROBERT G 90 STRUGZ COURT N1R 8L2 CAMBRIDGE, ONTARIO, CANADA ☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04 21 08 519 575-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #