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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S62144** **(8)**

1. Corporation Name
H&R PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~3015 WINTERS CHAPEL RD.~~ ~~STE 200~~ ~~ATLANTA GA 30360~~ 1617 FIELDING LEWIS WAY MCLEAN VA 22101	~~3015 WINTERS CHAPEL RD.~~ ~~STE 200~~ ~~ATLANTA GA 30360-1692~~ James F. Harvey 1617 Fielding Lewis Way McLean, VA 22101

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/21/1991	3a. Date of Last Report: 04/23/1996
21	26	4. FEI Number: 65-0269542	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HNAT, KEIFFER
7498 NE 8TH CT.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: James P. McDonald
82 Street Address (P.O. Box Number is Not Acceptable): 1200 North Federal Highway, Suite 420
83
84 City: Boca Raton FL 85 Zip Code: 33432-2847

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: James P. McDonald 5/13/97
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	VP	☑ DELETE	1.1 TITLE	P/S	☒ Change ☐ Addition
NAME	DONOVAN, SHANNON		1.2 NAME	James F. Harvey	
STREET ADDRESS	644 BONNIE DELL DR		1.3 STREET ADDRESS	1617 Fielding Lewis Way	
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP	McLean, VA 22101	
TITLE	P	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HNAT, KIEFFER		2.2 NAME		
STREET ADDRESS	7498 NE 8TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITFIELD, TINA		3.2 NAME		
STREET ADDRESS	604 DAVIS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE GA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/95)

14. I do 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 in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: [signature] 4/11/97 (703) 486 3500