

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002132

**Entity Name:** HARKEN, INCORPORATED**Current Principal Place of Business:**N15W24983 BLUEMOUND RD  
PEWAUKEE, WI 53072**Current Mailing Address:**N15W24983 BLUEMOUND RD  
PEWAUKEE, WI 53072 US**FEI Number:** 39-1086764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARVEY, NEIL  
11 EVONAIRE CIRCLE  
BELLEAIR, FL 33756 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARKEN, PETER O  
Address        W278 N2931 ROCKY POINT  
City-State-Zip: PEWAUKEE WI 53072

Title            VP  
Name            HARKEN, OLAF T  
Address        W238 N2251 BEACH PARK  
City-State-Zip: PEWAUKEE WI 53072

Title            SECRETARY  
Name            MONREAL, MARC  
Address        4150 S 66TH ST  
City-State-Zip: GREENFIELD WI 53220

Title            DIRECTOR  
Name            EVANS, HEATHER  
Address        704 COVENTRY LANE  
City-State-Zip: HARTLAND WI 53029

Title            DIRECTOR  
Name            SCHWESSINGER, ED  
Address        321 RAILROAD AVE  
City-State-Zip: GREENWICH CT 06830

Title            DIRECTOR  
Name            SPERA, GIAMPAOLO  
Address        N15W24983 BLUEMOUND RD  
City-State-Zip: PEWAUKEE WI 53072

Title            DIRECTOR  
Name            RIEPEYROUT, PATRICK  
Address        N15W24983 BLUEMOUND RD  
City-State-Zip: PEWAUKEE WI 53072

Title            DIRECTOR  
Name            ASH-VIE, ANDY  
Address        N15W24983 BLUEMOUND RD  
City-State-Zip: PEWAUKEE WI 53072

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC MONREAL**CORPORATE  
SECRETARY**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SCHILDT, GARY
Address	W 1454 S SHORE DR
City-State-Zip:	EAST TROY WI 53120