

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002024

1. Entity Name
HARLAN ELECTRIC COMPANY



Principal Place of Business
**2695 CROOKS ROAD
ROCHESTER HILLS, MI 48309**

Mailing Address
**1701 W. GOLF RD., TOWER III, STE. 1012
ROLLING MEADOWS, IL 60008**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-0627506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 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

TITLE	D
NAME	ENGEN, GERALD B JR
STREET ADDRESS	12150 E. 112TH AVENUE
CITY-ST-ZIP	HENDERSON, CO 80640
TITLE	DP
NAME	KOERTNER, WILLIAM A
STREET ADDRESS	1701 W. GOLF RD., TOWER III
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008
TITLE	S
NAME	ENGEN, GERALD B JR
STREET ADDRESS	12150 EAST 112TH AVE
CITY-ST-ZIP	HENDERSON, CO 80640
TITLE	VT
NAME	MARTINEZ, MARCO
STREET ADDRESS	1701 WEST GOLF RD SUITE 1012
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008
TITLE	C
NAME	WOLF, GREGORY T
STREET ADDRESS	1701 WEST GOLF RD SUITE 1012
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-60070-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

(847) 90-1891

Daytime Phone #