

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90042 022 \*\*\*150.00

DOCUMENT # **F97000005264**

1. Corporation Name

**HARDEN & COMPANY INSURANCE SERVICES, INC.**

Principal Place of Business

PO BOX 4101  
CONCORD CA 94524-1401

Mailing Address

PO BOX 4101  
CONCORD CA 94524-1401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1997**

4. FEI Number

**94-2311657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**1800 SUTTER STREET**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 400**

City & State

**CONCORD, CA**

Zip Country  
**94520 USA**

Zip Country  
**30**

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD**  
NAME **DUNATHAN, JAMES R**  
STREET ADDRESS **220 TWINBRIDGE CIRCLE**  
CITY-ST-ZIP **PLEASANT HILL CA 94523**

☐ DELETE

TITLE **PD**  
NAME **BOYD, LYNN A**  
STREET ADDRESS **104 TIMSON COURT**  
CITY-ST-ZIP **FOLSOM CA 95630**

☐ DELETE

TITLE **EVD**  
NAME **PETERSEN, RAYMOND P**  
STREET ADDRESS **746 KENDON LANE**  
CITY-ST-ZIP **NOVATO CA 94957**

☐ DELETE

TITLE **CFOD**  
NAME **MYERS, MARY JESUS P**  
STREET ADDRESS **21095 GARY DRIVE #207**  
CITY-ST-ZIP **HAYWARD CA 94546**

☒ DELETE

TITLE **CEOS**  
NAME **WIKLUND, EARL**  
STREET ADDRESS **3237 WINGED FOOT DRIVE**  
CITY-ST-ZIP **FAIRFIELD CA 94533**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD**  
1.2 NAME **DUNATHAN, JAMES R**  
1.3 STREET ADDRESS **300 S. EAGLE NEST LANE**  
1.4 CITY-ST-ZIP **DANVILLE, CA 94506**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE **D**  
3.2 NAME **ROSENDAHL, STUART E**  
3.3 STREET ADDRESS **2150 RIDGEBROOK DRIVE**  
3.4 CITY-ST-ZIP **WEST LINN, OR 97302**

☐ Change ☒ Addition

4.1 TITLE **D**  
4.2 NAME **HEDFORD, THOMAS O**  
4.3 STREET ADDRESS **5343 SW BANCROFT**  
4.4 CITY-ST-ZIP **PORTLAND, OR 97201**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/99 925-682-7707**

Date

Daytime Phone #

CR2E034 (11/98)