

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

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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90019 041 \*\*\*150.00



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

**PROFIT CORPORATION ANNUAL REPORT 1999**

**DOCUMENT # F98000006614**  
 1. Corporation Name  
**BOISE MARKETING SERVICES, INC.**

Principal Place of Business: 1111 W. JEFFERSON ST. BOISE ID 83728  
 Mailing Address: 1111 W. JEFFERSON ST. BOISE ID 83728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/04/1998  
 4. FEI Number: 84-1405850 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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | HOLLERAN, J W                      | 1.2 NAME  |   |
| STREET ADDRESS             | 1111 W. JEFFERSON STREET           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOISE ID 83728                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | OSTERMAN, MICHAEL J                | 2.2 NAME  |   |
| STREET ADDRESS             | 5545 GINGER TREE LANE              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TOLEDO OH 43623                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VT <input type="checkbox"/> DELETE | 3.1 TITLE   | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOERDYK, CAROL B                   | 3.2 NAME  |   |
| STREET ADDRESS             | 800 WEST BRYN MAWR AVENUE          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ITASCA IL 60143                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 4.1 TITLE   | AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DANIS, PETER G JR                  | 4.2 NAME  | FLACKER, E.A.   |
| STREET ADDRESS             | 800 WEST BRYN MAWR AVENUE          | 4.3 STREET ADDRESS                                    | 1111 W. JEFFERSON STREET  |
| CITY-ST-ZIP                | ITASCA IL 60143                    | 4.4 CITY-ST-ZIP                                       | BOISE, ID 83728   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | ELFELDT, DARREL R                  | 5.2 NAME  |   |
| STREET ADDRESS             | 800 WEST BRYN MAWR AVENUE          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ITASCA IL 60143                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | BLACK, RICHARD L                   | 6.2 NAME  |   |
| STREET ADDRESS             | 1501 WOODFIELD ROAD                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SCHAUMBURG IL 60173                | 6.4 CITY-ST-ZIP                                       |   |

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: X *[Signature]* ASSISTANT-TREASURER APR 20 1999 208-384-7920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

P46282  
02/08/99

BOISE MARKETING SERVICES, INC.  
84-1405850 TOA24  
OFFICERS AND DIRECTORS

PAGE: 49

F98000006614  
475728-90019-41

INITIALS ARE LEGAL NAME.

DIRECTORS

J. W. HOLLERAN  
05/09/1997 DIRECTOR

SSN=548-84-6076

OFFICE: 1111 W. JEFFERSON STREET  
BOISE, IDAHO 83728

RESIDENCE: 505 EAST BRAEMERE  
BOISE, IDAHO 83702

P46282  
02/08/99

BOISE MARKETING SERVICES, INC.  
84-1405850 TOA24  
OFFICERS AND DIRECTORS

PAGE: 50

INITIALS ARE LEGAL NAME.

475728-90019-41  
F98000006614

DATE OF  
ELECTION OFFICERS

05/31/1997 MICHAEL J. OSTERMAN  
PRESIDENT  
SSN=269-42-8739

OFFICE: 1670 INDIANWOODS CIRCLE  
P.O. BOX 633728  
MAUMEE, OH 43537-0633

RESIDENCE: 5545 GINGER TREE LANE  
TOLEDO, OH 43623

02/12/1998 A. JAMES BALKINS III  
VICE PRESIDENT  
02/12/1998 TREASURER  
SSN=521-76-0028

OFFICE: 800 WEST BRYN MAWR AVENUE  
ITASCA, IL 60143

RESIDENCE: 1606 RIDGECLIFF LANE  
BOISE, IDAHO 83702

05/09/1997 DARRELL R. ELFELDT  
VICE PRESIDENT  
SSN=540-46-9199

OFFICE: 800 WEST BRYN MAWR AVENUE  
ITASCA, IL 60143-1594

RESIDENCE: 1310 MEDINAH DRIVE  
ITASCA, IL 60143

05/09/1997 RICHARD L. BLACK  
VICE PRESIDENT  
SSN=474-50-2899

OFFICE: 1501 WOODFIELD ROAD  
SCHAUMBURG, IL 60173

RESIDENCE: 36 DEERPOINT  
HAWTHORN WOODS, IL 60047

02/12/1998 JOHN J. GARRITY  
VICE PRESIDENT  
SSN=140-40-9072

OFFICE: 1670 INDIAN WOOD CIRCLE  
MAUMEE, OH 43537

RESIDENCE: 9820 CARNOUSTIE  
PERRYSBURG, OH 43551

05/09/1997 CHRISTOPHER C. MILLIKEN  
VICE PRESIDENT  
SSN=111-36-6481

OFFICE: 9 PROGRESS ROAD  
BILLERICA, MA 01821

RESIDENCE: 319 DEAN ROAD  
BROOKLINE, MA 02148

P46282  
02/08/99

BOISE MARKETING SERVICES, INC.  
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OFFICERS AND DIRECTORS

478 728-90019-41  
F98000006614  
PAGE: 51

INITIALS ARE LEGAL NAME.

DATE OF  
ELECTION          OFFICERS

05/09/1997      CAROL B. MOERDYK  
VICE PRESIDENT

SSN=375-52-8888

OFFICE:          800 WEST BRYN MAWR AVENUE  
ITASCA, IL 60143

RESIDENCE:      366 CUMNOCK ROAD  
INVERNESS, IL 60067

05/09/1997      MATTHEW R. BROAD  
SECRETARY

SSN=572-35-7317

OFFICE:          1111 W. JEFFERSON STREET  
BOISE, IDAHO 83728

RESIDENCE:      4420 KELDOON DRIVE  
BOISE, IDAHO 83702

05/09/1997      E. A. FLACKER  
ASSISTANT TREASURER

SSN=517-50-8341

OFFICE:          1111 W. JEFFERSON STREET  
BOISE, ID 83728

RESIDENCE:      804 CURLING DRIVE  
BOISE, ID 83702

05/09/1997      KAREN E. GOWLAND  
ASSISTANT SECRETARY

SSN=436-86-0016

OFFICE:          1111 W. JEFFERSON STREET  
BOISE, ID 83728

RESIDENCE:      913 PARKHILL COURT  
BOISE, ID 83702