

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 12:04

DOCUMENT # P24498 (8)

1. Corporation Name
J. MERCHANDISING SERVICES, INC.

Principal Place of Business Mailing Address
2300 - 60TH STREET 2300 - 60TH STREET
KENOSHA WI 53140 KENOSHA WI 53140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/25/1989 03/21/1994

4. FEI Number Applied For
39-1605875 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 85 Zip Code

FL

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 registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGERWALDT, DONNA WOLF	1.2 NAME	
STREET ADDRESS	2300 - 60TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KENOSHA WI	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENEMANN, THOMAS J.	2.2 NAME	
STREET ADDRESS	2300-60TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	KENOSHA WI	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, ED R.	3.2 NAME	
STREET ADDRESS	2300 - 60TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	KENOSHA WI	3.4 CITY - ST - ZIP	
TITLE	VAS	4.1 TITLE	VP - Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKELMAN, EARL L.	4.2 NAME	Mark S. Jaeger
STREET ADDRESS	2300 - 60TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	KENOSHA WI	4.4 CITY - ST - ZIP	
TITLE	VTSD	5.1 TITLE	VP - Secretary - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOO, PAUL J.	5.2 NAME	
STREET ADDRESS	2300 - 60TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	KENOSHA WI	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	VP - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carol A. Barnett
STREET ADDRESS		6.3 STREET ADDRESS	2300 - 60th Street
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Kenosha, WI 53140

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: 2/28/95 414-653-3288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

Mark S. Jaeger