FILI	E NOW: FILING	FEE AFTER	MAY 1ST	¬ FILED		
	PROFIT FLORIDA DEPA			RTMENT OF STATE		
	RPORATION` UAL REPORT			B. Mortham	Jan 29 199	8 8:00am
	1998			ary of State CORPORATIONS	Secretary	of State
					Secretary	or State
			(8)			
J. Mith	rchandising serv	/ICES, INC.				
Principal Place of Business Mailing Address						#11 01#11 01011 91011 01#11 91911 1401
2300 - 60TH STREET 2300 - 60TH STREET KENOSHA WI 53140 KENOSHA WI 53140						
VEINOSUM MI 20140 VEINOSUM MI 20140					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	29 1	Mailing Address		05/25/1989 4. FEI Number	
21	Table of Eddings	26	naming reduces		39-1605875	Applied For Not Applicable
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 \$8.75 Additional
City & Stat	la .	27	Shi 9 Chota			Fee Required
23	l u	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		(ip	Country	8. This corporation owes or has paid the	
24	25	29		30	Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent CT CORPORATION SYSTEM 81 Name					10. Name and Address of New Regist	ered Agent
1200 S. PINE ISLAND ROAD					Address (P.O. Box Number Is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
PLANTATION FL 33324						
				83		
				84 City		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.						
i i						
SIGNATURE Signature, typed or printed name of registered agent and tide it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
TILE	CD	ICERS AND DIRECT	ORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
NAME	STEIGERWALDT, DO	NNA WOLF		1.2 NAME		C onaige C Addition
STREET ADDRESS	2300 - 60TH ST.			1.3 STREET ADDRESS		
CITY-ST-ZIP	KENOSHA WI	· · · · · · · · · · · · · · · · · · ·		1.4 CITY-ST-ZIP		
TITLE	PD EMMA, EDWARD C		DELETE	2.1 TITLE		Change Addition
name Street address	2300-60TH STREET			2.2 NAME		
CITY-ST-ZIP	KENOSHA WI			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	VPC		☐ DELETE	3.1 TITLE		Change Addition
NAME	KUPFER, JAMES M			3.2 NAME		_ ,
STREET ADDRESS	2300 - 60TH ST.			3.3 STREET ADDRESS		
CITY-ST-ZIP	KENOSHA WI			3.4. CITY-ST-ZIP		
TITLE	VPAS JAEGER, MARK S		DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	2300 - 60TH ST.			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	KENOSHA WI			4.4 CITY-ST-ZIP		İ
TITLE	VPSD		☐ DELETE	5.1 TITLE		Change Addition
NAME	YOO, PAUL J.			5.2 NAME		
STREET ADDRESS	2300 - 60TH ST.			5.3 STREET ADDRESS		
CITY - ST - ZIP	KENOSHA WI		PELETE	5.4 CITY - ST - ZIP		
TITLE			☐ DELETE	6.1 TITLE		∐ Change ∐ Addition

6.3 STREET ADDRESS

REQUIREDMark S. Jaeger

1/12/98

(414) 653-3289

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

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

STREET ADDRESS

SIGNATURE: