

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

DOCUMENT # P24498
1. Corporation Name
J. MERCHANDISING SERVICES, INC.

Principal Place of Business

**2300 - 60TH STREET
KENOSHA WI 53140**

Mailing Address

**2300 - 60TH STREET
KENOSHA WI 53140**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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 then applicable.

(NOTE: Registered Agent signature required for all changes.)

(NOTE)

12. OFFICERS AND DIRECTORS

TITLE	CD	[] DELETE
NAME	STEXERWALDT, DONNA WOLF	
STREET ADDRESS	2300 - 60TH ST.	
CITY-ST-ZIP	KENOSHA WI	
TITLE	PD	[] DELETE
NAME	EMMA, EDWARD C	
STREET ADDRESS	2300-60TH STREET	
CITY-ST-ZIP	KENOSHA WI	
TITLE	VPC	[] DELETE
NAME	KUPFER, JAMES M	
STREET ADDRESS	2300 - 60TH ST.	
CITY-ST-ZIP	KENOSHA WI	
TITLE	VPAS	[] DELETE
NAME	JAEGER, MARK S	
STREET ADDRESS	2300 - 60TH ST.	
CITY-ST-ZIP	KENOSHA WI	
TITLE	VPSD	[] DELETE
NAME	YOO, PAUL J.	
STREET ADDRESS	2300 - 60TH ST.	
CITY-ST-ZIP	KENOSHA WI	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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:

Mark S. Jaeger

Mark S. Jaeger, VP, Asst Secretary (414-658-8111)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/13/99

FILED

99 APR 19 10:11:16



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

39-1605875

Applied For Not Applicable

5. Certificate of Status Debated

\$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

10. Name and Address of Now Registered Agent

0527267

CR2E034 (11/98)

100002843401-6

TS. 4/19/99 9992

ACCOUNT FILING COVER SHEET

2

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2015300
(Sub Account)

DATE: 4-19

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: J. Merchandising Services, Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodward

199 A.R.

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

RECEIVED
 APR 19 11:03:37
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

B 4/19/99