

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90108 032 ***150.00

DOCUMENT # P24498

1. Entity Name
J. MERCHANDISING SERVICES, INC.

Principal Place of Business 2300 - 60TH STREET KENOSHA WI 53140	Mailing Address 2300 - 60TH STREET KENOSHA WI 53140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 39-1605875		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMMA, EDWARD C 2300-60TH STREET KENOSHA WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC KUPFER, JAMES M 2300 - 60TH ST. KENOSHA WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAEGER, MARK S 2300 - 60TH ST. KENOSHA WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WALLER, DEBRA S 2300 60TH STREET KENOSHA WI 53140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARK S. JAEGER** Date **2/11/02** Daytime Phone # **262-653-3763**

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0626152 AT

DOCUMENT # P24498
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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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **39-1605875**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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SIGNATURE: **MARK S. JAEGER** Date: **2/11/02** Daytime Phone #: **262-653-3763**

CR2E034 (9/01)

Attachment P24498/033569



LEXIS Document Services

A member of the Reed Elsevier plc group

April 8, 2002

Division of Corporations
UBR Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

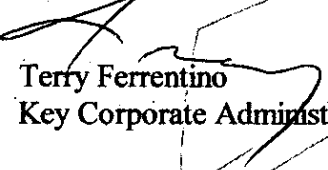
RE: J. Merchandising Services, Inc.

Dear Sir/Madam:

Enclosed please find the UBR for the above mentioned company. Please file the attached and **return a file stamped copy in the envelope provided to the undersigned.** We have also enclosed our check to cover fees.

If you have any questions please do not hesitate to call me.

Very truly yours,


Terry Ferrentino
Key Corporate Administrator