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**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 821898 (4)

1. Corporation Name
MONTGOMERY WARD & CO., INCORPORATED



Principal Place of Business: % TAX ACCTG (7-3)
844 N LARRABEE, MONTGOMERY WARD PLAZA
CHICAGO ILLINOIS 60671

Mailing Address: % TAX ACCTG (7-3)
844 N LARRABEE, MONTGOMERY WARD PLAZA
CHICAGO ILLINOIS 60671

3. Date Incorporated or Qualified: **09/30/1968**

3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business: 21 Suite, Apt #, etc.

2a. Mailing Address: 26 Suite, Apt #, etc.

22. City & State: 27 **Payroll Tax 8-3**

23. Zip: 28 City & State

24. Country: 29 Zip: 30 Country

4. FEI Number: **36-2659374**

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	
TITLE	COB <input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, F. BERNARD
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	EVP <input type="checkbox"/> DELETE
NAME	WORKMAN, JOHN L
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	HARMS, J. CAROL
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DELK, PHILIP D
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VCD <input checked="" type="checkbox"/> DELETE
NAME	BERGEL, RICHARD
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	SDVP <input type="checkbox"/> DELETE
NAME	SPENCER, HEINE H.
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY-ST-ZIP	SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Searles
1.3 STREET ADDRESS	Montgomery Ward Plaza
1.4 CITY-ST-ZIP	Chicago, IL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas V. Gathany
3.3 STREET ADDRESS	Montgomery Ward Plaza
3.4 CITY-ST-ZIP	Chicago, IL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	COB & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roger V Goddu
5.3 STREET ADDRESS	Montgomery Ward Plaza
5.4 CITY-ST-ZIP	Chicago, IL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Chicago, IL

14. I do 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.

SIGNATURE: *James Butler* **REQUIRED** James Butler, Asst. Sec'y March 18, 1997

DATE: (312) 467 4914 Phone # 0627840

CRE034 (9/96)