PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 834680 1. Corporation Name

MERCHANTS HOME DELIVERY SERVICE, INC.

Principal Place of Business
2400 LATIGO AVENUE
P.O. BOX 5067
OXNARD CA 93030

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90045 025 ***150.00



									11 1 11
Principal Place of Business Mailing Address									
2400 LATIGO A	VENUE	2400 LATIGO AVENUE							
P.O. BOX 5067		P.O. BOX 5067				DO NOT WRITE IN THIS SPACE			
OXNARD CA 93	030	OXNARD CA 93030	•			3. Date Incorporated or Qualifed			 -
									ł
3 D: - 1 D	- Consistent	20 Moiling Address				07/15/1975 4. FEI Number		1 1 4	pplied For
— ·	ace of Business	2a. Mailing Address						\rightarrow	ot Applicable
21 26 26						95-2653439			Additional
Suite, Apt. #, etc.						5. Certificate of Status Desired	J *		equired
22 27 City & State City & State						& Chatian Compaign Financiae			May Be
		28	2			6. Election Campaign Financing Trust Fund Contribution	i	•	to Fees
Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current y	ear Intano		
	25	 	30	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		30			10. Name and Address of New Regis	stered Age	ent	
	o. Name and Address of Gariett	rtegistorea Agent		81	Name				
THE	PRENTICE-HALL CORP. SYSTEM	A INC.							
110 MAGNOLIA ST.				82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301				83					
.,									
				84	City		FL 8	5 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	ove	-named cor	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of cha	nging its	registered
office or re	egistered agent, or both, in the State markers from familiar with, and accept the obligation	of Florida, Such change was a	uthorized	by t	the corporat	ion's board of directors. I hereby accept the	appointme	ent as re	egistered
•	m ramiliar with, and accept the obliga	110/15 01, 36ction 007.0303, 7 to	iua Otali	1169.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE.	Registered	Agent	signature requir	ed when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND [RECT	ORS IN 12
TITLE	P (DELETE	1.1 TIT	Æ] Change	☐ Addition }
NAME	ALLYN, JAMES J.	attached	1.2 NA	ME					
STREET ADDRESS	2400 LATIGO AVE.		1.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP	OXNARD, CA 0		1.4 CI	ry-st	-ŻIP				
TITLE	GCAS	☐ DELETE	2.1 TIT					Change	☐ Addition
NAME	BORATYN, MARTIN T		2.2 NA	ME	1				}
STREET ADDRESS	2400 LATIGO AVENUE		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	OXNARD CA 93030		2. 4 C		- 1				}
TITLE	D	☐ DELETE	3.1 TIT] Change	☐ Addition
NAME	MUSSA, MAURICE A		32 NA						
STREET ADDRESS.	2400 LATIGO AVENUE				ADDRESS	+ -	•		ļ
	OXNARD CA 93030		3.4. C						İ
CITY-ST-ZIP TITLE	VPD	☐ DELETE	4.1 TI] Change	Addition
į.			4. 2 N					-	
NAME STREET ADDRESS	ROBERT CRUMBLEY		4		ADDRESS				
STREET ADDRESS					i				
CITY-ST-ZIP	OXNARD CA	☐ DELETE	4.4 CT 5.1 TT		- AIF			Change	Addition
TITLE	VP		5.1 NA				_		
NAME	KENNETH BARRY				ADDRESS				
STREET ADDRESS	2400 LATIGO AVE	•	5.4 CF		1				1
CITY-ST-ZIP	OXNARD CA	DELETE	6.1 TI		- CIF	***] Change	Addition
TITLE	VPF						<u>_</u>	1 Augusta	
NAME	BRIAN LAYFIELD		6.2 NA		1000000				-
STREET ADDRESS	2400 LATIGO AVE				ADDRESS				1
CITY-ST-ZIP	OXNARD CA		6.4 CF	TY-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)(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 withyan address, with all other like empowered.

SIGNATURE:

MERCHANTS HOME DELIVERY SERVICE, INC.

OFFICERS

James J. Allyn	President and Chief Executive Officer	2400 Latigo Avenue Oxnard, CA 93030						
Robert J. Crumbley	Sr. Vice President and Chief Operating Officer	2400 Latigo Avenue Oxnard, CA 93030						
Brian T. Layfield	Vice President, Finance and Secretary/Treasurer	2400 Latigo Avenue Oxnard, CA 93030						
Kenneth J. Barry	Vice President, Human Resources	2400 Latigo Avenue Oxnard, CA 93030						
Maurice A. Mussa	Vice President, Sales & Marketing	2400 Latigo Avenue Oxnard, CA 93030						
Martin T. Boratyn	General Counsel and Asst. Secretary	2400 Latigo Avenue Oxnard, CA 93030						
DIRECTORS								
James J. Allyn	2400 Latigo Avenue Oxnard, CA 93030	Phone: (805) 485-7979 Fax: (805) 988-6383						
Robert J. Crumbley	2400 Latigo Avenue Oxnard, CA 93030	Phone: (805) 485-7979 Fax: (805) 988-6387						
Brian T. Layfield	2400 Latigo Avenue Oxnard, CA 93030	Phone: (805) 485-7979 Fax: (805) 988-3414						
Kenneth J. Barry	2400 Latigo Avenue	Phone: (805) 485-7979 Fax: (805) 988-6384						
سبب شد⊤ه را دده څیټه سا د ایا سلس	Oxnard, CA 93030	rax. (803) 386-0304						