

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90157 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000317

1. Corporation Name
NATIONAL PREMIUM AND MERCHANDISING, INC.

Principal Place of Business 2330 COMMERCE DRIVE NEW BERLIN WI 53151	Mailing Address 2330 COMMERCE DRIVE NEW BERLIN WI 53151
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/18/1992	
4. FEI Number 39-1133200		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MALLOW, JOHN 1405 SW 6TH COURT SUITE H POMPANO BEACH FL 33069			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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, RICHARD A	1.2 NAME	
STREET ADDRESS	W315 S1151 GLACIER PASS	1.3 STREET ADDRESS	804 N PINYON CT
CITY-ST-ZIP	DELAFIELD WI 53018	1.4 CITY-ST-ZIP	HARTLAND WI 53029-8662
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, KAY W 315 S11	2.2 NAME	
STREET ADDRESS	51 GLACIER PASS	2.3 STREET ADDRESS	804 N PINYON CT
CITY-ST-ZIP	DALAFIELD WI 53018	2.4 CITY-ST-ZIP	HARTLAND WI 53029-8662
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLOMBE, TIMOTHY P	3.2 NAME	
STREET ADDRESS	457 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEWAUKEE WI 53072	3.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, JOHN W	4.2 NAME	
STREET ADDRESS	W276 N2613 LILY CTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEWAUKEE WI 53072	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMAN, JOHN	5.2 NAME	
STREET ADDRESS	663 MAWMAN AVE.	5.3 STREET ADDRESS	3950 S WOODHILL LANE
CITY-ST-ZIP	LAKE BLUFF IL	5.4 CITY-ST-ZIP	NEW BERLIN WI 53151
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, with all other like empowered.

SIGNATURE:

John W Gleason VP/CFO 2-9-99 414-782-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)