



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90440 049 \*\*\*150.00

<b>DOCUMENT # F92000000317</b> 1. Entity Name <b>NATIONAL PREMIUM <del>AND MERCHANDISING</del>, INC.</b>					
Principal Place of Business <b>N 26 W 23315 PAUL RD PEWAUKEE, WI 53072</b>			Mailing Address <b>PO BOX 547 PEWAUKEE, WI 53072</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04202004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>39-1133200</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MALLOW, JOHN 1405 SW 6TH COURT SUITE H POMPANO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name <b>National Premium, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1405 SW 6th Court</b> <b>John W. Gleason</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33069</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>John W. Gleason</i> <b>JOHN W. GLEASON VP/CFO</b> <b>4-21-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SCHMIDT, RICHARD A 804 N PINYON CT HARTLAND, WI 530298662	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHMIDT, KAY W 315 S11 804 N PINYON CT HARTLAND, WI 530298662	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOMBE, TIMOTHY P 457 PARK AVENUE PEWAUKEE, WI 53072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC GLEASON, JOHN W W276 N2613 LILY CTE PEWAUKEE, WI 53072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM PRICE, KEVIN 711 E. QUINLIN DR. PEWAUKEE, WI 53072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SCHMIDT, STEPHEN 12106 W. BLUEMOUND WAUWATOSA, WI 53226	<input type="checkbox"/> Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			Mr. Scott Lucas W309 N6379 Lakeview Lane Hartland, WI 53029		
SIGNATURE: <i>John W. Gleason</i> <b>JOHN W. GLEASON-VP/CFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2004-5-13</b> Daytime Phone <b>262-513-2414</b>		