


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000000932 (1) 1. Corporation Name WNS MASS. STORES, INC.		



Principal Place of Business PO BOX 4586 HOUSTON TX 77210	Mailing Address PO BOX 4586 HOUSTON TX 77210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16825 NORTHCHASE Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/23/1996	
22 City & State 23 HOUSTON TX		27 City & State		4. FEI Number 76-0490350 Applied For Not Applicable	
24 Zip 77060		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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	VPST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YARTZ, T. DIANNE			1.2 NAME	GEORGE R. ANDREWS		
STREET ADDRESS	851 W. FRIAN TUCK LANE			1.3 STREET ADDRESS	5210 MANOR GLEN		
CITY-ST-ZIP	HOUSTON TX			1.4 CITY-ST-ZIP	KINGWOOD, TX 77345		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SONDOK, DEBORAH			2.2 NAME	BETH C. DEWEES		
STREET ADDRESS	9226 WICKFORD			2.3 STREET ADDRESS	701 BERING #1403		
CITY-ST-ZIP	HOUSTON TX 77024			2.4 CITY-ST-ZIP	HOUSTON TX 77057		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	D. ROSS ARTHURS		
STREET ADDRESS				3.3 STREET ADDRESS	191 MARSHALL CORNER		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	PENNINGTON NJ 08534		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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.

SIGNATURE:

Beth C. Dewees

SECRETARY 4/2/98

781-874-0800

CR2E034 (10/97)