

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90008 028 \*\*\*150.00

DOCUMENT # F96000000932

1. Corporation Name

WNS MASS. STORES, INC.

Principal Place of Business

16825 NORTHCHASE  
HOUSTON TX 77060  
US

Mailing Address

PO BOX 4586  
HOUSTON TX 77210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

76-0490350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

TITLE P  
NAME ANDREWS, GEORGE R  
STREET ADDRESS 6210 MANOR GLEN  
CITY-ST-ZIP KINGWOOD TX 77345

☒ DELETE

TITLE S  
NAME DEWEES, BETH C  
STREET ADDRESS 701 BERING #1403  
CITY-ST-ZIP HOUSTON TX 77057

☐ DELETE

TITLE VPD  
NAME ARTHURS, D R  
STREET ADDRESS 191 MARSHALL CORNER  
CITY-ST-ZIP PENNINGTON NJ 08534

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, CEO, DIRECTOR ☐ Change ☒ Addition

1.2 NAME WILLIAM D. SIVITZ

1.3 STREET ADDRESS 266 PROVINCE LINE RD.

1.4 CITY-ST-ZIP SKILLMAN, NJ 08558

2.1 TITLE VP FINANCE, SECRETARY ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VP OPERATIONS ☐ Change ☒ Addition

4.2 NAME MARK JAMESON

4.3 STREET ADDRESS 1945 W. BELL AVE #104

4.4 CITY-ST-ZIP HOUSTON TX 77019

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Beth Dewees* SIGNATURE REQUIRED BETH DEWEES 4/6/99 281-8740800

Date

Daytime Phone #

CR2E034 (11/98)