


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

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Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F96000003064 (0)</b> 1. Corporation Name <b>NATIONAL SALES &amp; SERVICE, INC.</b>		



Principal Place of Business <b>200 FIRST ST., STE. 1700 CEDAR RAPIDS IA 52401-2067</b>	Mailing Address <b>200 FIRST ST., STE. 1700 CEDAR RAPIDS IA 52401-1409</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>06/18/1996</b>	<b>3a. Date of Last Report</b> Applied For Not Applicable
<b>4. FEI Number</b> <b>42-1454613</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELTZ, NELSON	1.2 NAME	C. DAVID WATSON
STREET ADDRESS	900 THIRD AVE.	1.3 STREET ADDRESS	200 FIRST STREET SE, SUITE 1700
CITY - ST - ZIP	NEW YORK NY 10022	1.4 CITY - ST - ZIP	CEDAR RAPIDS, IA 52401
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, PETER W	2.2 NAME	
STREET ADDRESS	900 THIRD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	2.4 CITY - ST - ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALIUGHI, RONALD D	3.2 NAME	
STREET ADDRESS	200 FIRST ST., S.E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA 52401-2067	3.4 CITY - ST - ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, LAURIE B	4.2 NAME	
STREET ADDRESS	200 FIRST ST., S.E.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA 52401-2067	4.4 CITY - ST - ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINIECKI, RONALD R	5.2 NAME	
STREET ADDRESS	200 FIRST ST., S.E.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA 52401-2067	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARRON, FRANCIS T	6.2 NAME	
STREET ADDRESS	900 THIRD AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	6.4 CITY - ST - ZIP	

14. I do 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: \_\_\_\_\_ 3/31/97 319/365-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

CR2E034 (9/96)