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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000003064 (0) 1. Corporation Name NATIONAL SALES & SERVICE, INC.		

Principal Place of Business 200 FIRST ST., STE. 1700 CEDAR RAPIDS IA 52401-2067	Mailing Address 200 FIRST ST., STE. 1700 CEDAR RAPIDS IA 52401-2067
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/18/1996	
4. FEI Number 42-1454613		Applied For 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"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 FL 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELTZ, NELSON	1.2 NAME	6000002513036-4
STREET ADDRESS	900 THIRD AVE.	1.3 STREET ADDRESS	-05/06/93--01042--001
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	***1626.25 ****150.00
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	PC00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALIUGH, RONALD D	3.2 NAME	Ronald R. Rominiecki
STREET ADDRESS	200 FIRST ST., S.E.	3.3 STREET ADDRESS	200 First Street SE, Suite 1700
CITY-ST-ZIP	CEDAR RAPIDS IA 52401-2067	3.4 CITY-ST-ZIP	Cedar Rapids, IA 52401
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, C. D	4.2 NAME	
STREET ADDRESS	200 FIRST STREET S.E., STE. 1700	4.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	4.4 CITY-ST-ZIP	
TITLE	VCFO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMINIECKI, RONALD R	5.2 NAME	R. Brooks Sherman
STREET ADDRESS	200 FIRST ST., S.E.	5.3 STREET ADDRESS	200 First Street SE, Suite 1700
CITY-ST-ZIP	CEDAR RAPIDS IA 52401-2067	5.4 CITY-ST-ZIP	Cedar Rapids, IA 52401
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	SCC 5-5-98

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 recorder 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 _____ C. David Watson, Senior VP, 4/23/98, 310/365-1550

CR2E034 (10/97)