

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90169 015 ***150.00

DOCUMENT # F96000003064

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

42-1454613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

☐ DELETE

TITLE
D
NAME
PELTZ, NELSON
STREET ADDRESS
900 THIRD AVE.
CITY-ST-ZIP
NEW YORK NY 10022

TITLE
D
NAME
MAY, PETER W
STREET ADDRESS
900 THIRD AVE.
CITY-ST-ZIP
NEW YORK NY 10022

TITLE
PCOO
NAME
ROMINIECKI, RONALD R
STREET ADDRESS
200 FIRST ST., S.E., STE. 1700
CITY-ST-ZIP
CEDAR RAPIDS IA 52401

TITLE
VAS
NAME
WATSON, C. D
STREET ADDRESS
200 FIRST STREET S.E. , STE. 1700
CITY-ST-ZIP
CEDAR RAPIDA IA

TITLE
VCFO
NAME
BROOKS, R. SHERMAN
STREET ADDRESS
200 FIRST ST., S.E., 1700
CITY-ST-ZIP
CEDAR RAPIDS IA 52401

TITLE
V
NAME
MCCARRON, FRANCIS T
STREET ADDRESS
900 THIRD AVE.
CITY-ST-ZIP
NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ 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

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

C. David Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. David Watson Senior Vice President
and Assistant Secretary

319/365-1550

Daytime Phone #

CR2E034 (1/98)