

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

FILED
Feb 02 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 # F96000006016 (7)

1. Corporation Name

MERCHANDISE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

88 S. FINLEY AVE.
BASKING RIDGE NJ 07920

Mailing Address

88 S. FINLEY AVE.
BASKING RIDGE NJ 07920



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

22-3406294

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DC
NAME STOTLAND, HOWARD
STREET ADDRESS 2800 TRANS-CANADA HWY.
CITY-ST-ZIP POINTE-CLAIRE QUEBEC CANADA H9R -1B1 ☐ DELETE

TITLE VT
NAME FROST, JOHN
STREET ADDRESS 2800 TRANS-CANADA HWY.
CITY-ST-ZIP POINTE-CLAIRE QUEBEC CANADA H9R -1B1 ☐ DELETE

TITLE PD
NAME MILLER, CHARLES
STREET ADDRESS 88 S. FINLEY AVE.
CITY-ST-ZIP BASKING RIDGE NJ 07920 ☐ DELETE

TITLE VD
NAME RUHANA, MICHAEL
STREET ADDRESS 88 S. FINLEY AVE.
CITY-ST-ZIP BASKING RIDGE NJ 07920 ☐ DELETE

TITLE S
NAME BRAMEL, TINA
STREET ADDRESS 88 S. FINLEY AVE.
CITY-ST-ZIP BASKING RIDGE NJ 07920 ☐ DELETE

TITLE S
NAME GOLD, STEVEN
STREET ADDRESS ONE AMERICAN ROW
CITY-ST-ZIP HARTFORD CT 06103-2819 ☐ DELETE

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 amendment with an address.

SIGNATURE:

JOHN FROST VP FINANCE 01/20/98 (SHE) 426-0822

CR2E034 (10/97)