

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

DOCUMENT # F96000006016

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90157 008 \*\*\*150.00



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  
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

21 110 SOUTH JEFFERSON ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 110 SOUTH JEFFERSON ROAD  
Suite, Apt. #, etc.

22 City & State

23 WHIPPANY, NJ  
Country

24 07981 25 USA

27 City & State

28 WHIPPANY, NJ  
Country

29 07981 30 USA

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

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

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. FROST (VP) / TREASURER

01/20/99 (514) 426-0822

Date

Daytime Phone #

CR2E034 (1/98)