

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90005 041 ***150.00

DOCUMENT # F96000006016

1. Entity Name

MERCHANDISE MANAGEMENT SYSTEMS, INC.

00010710



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

110 SOUTH JEFFERSON ROAD
 WHIPPANY NJ 07981
 US

110 SOUTH JEFFERSON ROAD
 WHIPPANY NJ 07981-1038
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3406294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	STOTLAND, HOWARD	
STREET ADDRESS	2800 TRANS-CANADA HWY.	
CITY-ST-ZIP	POINTE-CLAIRE QUEBEC CANADA H9R -1B1	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FROST, JOHN	
STREET ADDRESS	2800 TRANS-CANADA HWY.	
CITY-ST-ZIP	POINTE-CLAIRE QUEBEC CANADA H9R -1B1	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CHARLES	
STREET ADDRESS	88 S. FINLEY AVE.	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUHANA, MICHAEL	
STREET ADDRESS	88 S. FINLEY AVE.	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRAMEL, TINA	
STREET ADDRESS	88 S. FINLEY AVE.	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLD, STEVEN	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06103-2819	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	110 SOUTH JEFFERSON ROAD	
CITY-ST-ZIP	WHIPPANY, NJ 07981	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	101 WEST OHIO STREET, SUITE 2250	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	CHRIS PIAZZA	
CITY-ST-ZIP	2800 TRANS-CANADA HWY.	
	POINTE-CLAIRE, QUEBEC, CANADA H9R1B1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN FROST

01/10/2000 (514) 426-0822

Date

Daytime Phone #

CR2E034 19/99