

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000001252

1. Entity Name  
NSM SALES CORPORATION



Principal Place of Business  
501 W MICHIGAN  
MILWAUKEE, WI 53203 US

Mailing Address  
P O BOX 3050  
MILWAUKEE, WI 53203 US



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0416844

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HAMM, DONALD G JR
STREET ADDRESS	501 W MICHIGAN
CITY - ST - ZIP	MILWAUKEE, WI 53203
TITLE	DVP
NAME	CLAYTON, J KERRY
STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY - ST - ZIP	NEW YORK, NY 10005
TITLE	S
NAME	PALME-KRIZAK, CHRISTINA R
STREET ADDRESS	501 W MICHIGAN
CITY - ST - ZIP	MILWAUKEE, WI 53203
TITLE	T
NAME	MILLER, HOWARD C
STREET ADDRESS	501 W MICHIGAN
CITY - ST - ZIP	MILWAUKEE, WI 53203
TITLE	D
NAME	POLLOCK, ROBERT B
STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY - ST - ZIP	NEW YORK, NY 10005
TITLE	SVP
NAME	OGDEN, ROBERT W JR
STREET ADDRESS	501 W MICHIGAN
CITY - ST - ZIP	MILWAUKEE, WI 53203

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05/04/05-80069-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

414/371-2011

Daytime Phone #