2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001252

Entity Name: NSM SALES CORPORATION

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
501 W MICI MILWAUKE	HIGAN EE, WI 53203	US			
Current Mailing Address:			New Mailing Address:		
P O BOX 30 MILWAUKE	050 EE, WI 53203	US			
FEI Number:	65-0416844	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		bmits this statement for the purpose o	f changing it	s registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DO HAMM, DONALD O 501 W MICHIGAN MILWAUKEE, WI	G JR	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition HAMM, DONALD G JR 501 W MICHIGAN MILWAUKEE, WI 53203	
Title: Name: Address: City-St-Zip:	D () D BAL, RAJEEV G 501 W MICHIGAN MILWAUKEE, WI	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DO PALME-KRIZAK, O 501 W MICHIGAN MILWAUKEE, WI	CHRISTINA R	Title: Name: Address: City-St-Zip:	S (X) Change () Addition EUWEMA, JOHN 501 W MICHIGAN MILWAUKEE, WI 53203	
Title: Name: Address: City-St-Zip:	T () D MILLER, HOWARI 501 W MICHIGAN MILWAUKEE, WI	D C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DO POLLOCK, ROBE 1 CHASE MANHAT NEW YORK, NY	RT B ITAN PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () DO ARAGON-CRUZ, J 1122 QUAIL ROOMIAMI, FL 33157	JEANNIE A ST DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ

AS

04/21/2008