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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13385 (2)

1. Corporation Name

THE MANUFACTURERS' IDEA EXCHANGE, INC.

Principal Place of Business

Mailing Address

15950 BAY VISTA DR., STE. 250
CLEARWATER FL 34620-3131

15950 BAY VISTA DR., STE. 250
CLEARWATER FL 34620-3131



3. Date Incorporated or Qualified

02/10/1986

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2628371

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 11701 S. Belcher Road

Suite, Apt. #, etc.

22 Suite 130

City & State

23 Largo, FL

Zip

24 33773

Country

25 USA

2a. Mailing Address

26 P.O. Box 17209

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 34622

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCCINI, CHERYL
VALUE RETAIL NEWS
15950 BAY VISTA DRIVE, STE. 250
CLEARWATER FL 34620

81 Name

VALERIE SANFORD

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

11701 S. Belcher Rd.

83

Suite 130

84 City

Largo

FL

85 Zip Code

33773

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Valerie J. Sanford

(NOTE: Registered Agent signature required when reinstating)

1/28/97

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

DATE

12. OFFICERS AND DIRECTORS

TITLE

TD
NAME
JOLTON, STANLEY
STREET ADDRESS
4950 S. SIXTH STREET
CITY-ST-ZIP
MILWAUKEE WI

☒ DELETE

TITLE

CD
NAME
SHANNON, JOE
STREET ADDRESS
355 E EASY STREET
CITY-ST-ZIP
SIMI VALLEY CA

☒ DELETE

TITLE

CD
NAME
WURTZ, BRENDA
STREET ADDRESS
9 WEST BROAD STREET
CITY-ST-ZIP
STAMFORD CT

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Treasurer (TD)

☒ Change ☐ Addition

1.2 NAME

Len Mogil

1.3 STREET ADDRESS

1001 Frontier Road

1.4 CITY-ST-ZIP

Bridgewater, NJ 08807

2.1 TITLE

Chairman (CD)

☒ Change ☐ Addition

2.2 NAME

Michael Ernst

2.3 STREET ADDRESS

450 W. Hanes Mill Road

2.4 CITY-ST-ZIP

Winston-Salem, NC 27105

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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Len Mogil

1/31/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067273

CR2E037 (9/96)