FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:43

DOCUMENT # P10366 (3)

1. Corporation Name
HOMETOWN SHOPPER, INC.

Principal Place of Business	Mailing Address
PO BOX 609 600 INDUSTRIAL DRIVE WAUPACA WI 54981	PO BOX 609 600 INDUSTRIAL DRIVE WAUPACA WI 54981

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1986
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 39-1170916 ☐ 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

9. Name and Address of Current Registered Agent

~~JEFFREY KAPLAN~~ Joyce M. Lydon
1564 KINGSLEY AVE
ORANGE PK FL 32073

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: Joyce M. Lydon GM — Joyce Lydon — 2/3/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	KAHLOR, ROBERT A.
STREET ADDRESS	33 W. STATE STREET
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	DV
NAME	SMITH, STEVEN J.
STREET ADDRESS	333 W. STATE STREET
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	DV
NAME	JARZEMBINSKI, PETER P.
STREET ADDRESS	333 W. STATE STREET
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	DP
NAME	KARAVAKIS, THOMAS M.
STREET ADDRESS	600 INDUSTRIAL DRIVE
CITY-ST-ZIP	WAUPACA FL 54981
TITLE	DV
NAME	HUHTA, STEPHEN O.
STREET ADDRESS	600 INDUSTRIAL DRIVE
CITY-ST-ZIP	WAUPACA WI 54981
TITLE	DVT
NAME	GARSOMBKE, JAMES S.
STREET ADDRESS	600 INDUSTRIAL DRIVE
CITY-ST-ZIP	WAUPACA WI 54981

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	See attached list	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul E. Kritzer — Paul E. Kritzer — 1/25/95 — 414/224-2374
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0400360 FN