


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90251 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10958

1. Corporation Name
MONTGOMERY WARD ENTERPRISES, INC.



Principal Place of Business % DAN BLINDAUER 200 N.MARTINGALE RD. SCHAUMBURG IL 60173	Mailing Address % DAN BLINDAUER 200 N.MARTINGALE RD. SCHAUMBURG IL 60173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2893441	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	EVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTELLI, ALAN F			1.2 NAME			
STREET ADDRESS	200 N MARTINGALE RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, RICHARD C			2.2 NAME	LINEN, WORTHINGTON W.		
STREET ADDRESS	200 N MARTINGALE RD			2.3 STREET ADDRESS	200 N. MARTINGALE RD.		
CITY-ST-ZIP	SCHAUMBURG IL			2.4 CITY-ST-ZIP	SCHAUMBURG, IL		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEY, PATRICK			3.2 NAME			
STREET ADDRESS	200 NORTH MARTINGALE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUWEMA, JOHN B			4.2 NAME			
STREET ADDRESS	200 NORTH MARTINGALE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL			4.4 CITY-ST-ZIP			
TITLE	VPC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOLLMAN, SANDRA K			5.2 NAME	OVER, JANICE M.		
STREET ADDRESS	200 NORTH MARTINGALE RD			5.3 STREET ADDRESS	200 N. MARTINGALE RD		
CITY-ST-ZIP	SCHAUMBURG IL			5.4 CITY-ST-ZIP	SCHAUMBURG, IL		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOYER, LYMAN C.			6.2 NAME			
STREET ADDRESS	200 NORTH MARTINGALE RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4-23-99 Date Daytime Phone #

CR2E034 (1/198)