	1 UNIFORM BUSI	NESS REPO	RT (U	BR)	_	FILE			,
DOCUMENT # 804985  1. Entity Name VENATOR GROUP SPECIALTY, INC.					Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90015 011 ***150.00				
112 W 34TH SINEW YORK NYUS  2. Principal Financial Suite, Apt.	lace of Business #, etc.	Mailing Address PO BOX 2731 HARRISBURG PA 17105-2731 US 3. Mailing Address Suite, Apt. #, etc.	The state of the s			DO NOT WRITE I			
City & State		City & State			4. FEI Number	13-5493340	N	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
			City	<del></del>		·	FL Zip Coo	de	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered offic	ce or registere	ed agent, or both,	in the State of Florid			
SIGNATURE	Signature, typed or printed name of registered agent an	T		signature required v	when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust	on Campaign Financ Fund Contribution.		0 May Be d to Fees		
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICE	RS AND DIRECTOR	S IN 11	_
NAME STREET ADDRESS CITY-ST-ZIP	PD   HILPERT, DALE W   233 BROADWAY   NEW YORK NY 10279	Oelete	TITLE NAME STREET ADDR	ess 11	112 M 347 DT Defiange Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARAH, ROGER 233-BROADWAY NEW YORK NY 10279	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP				<b>∠</b> enange	Addition	ğ
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	D JEHNSON, REID BRUG HAAJ 233 BROADWAY NEW YORK NY 10279	Mari Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	IIA	m 341	10190	- Criange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SVP DEWOLF, JOHN E SY 233 BROADWAY NEW YORK NY 10279	<b>R↑</b> Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	<sub>ESS</sub> 112	1745 W (	14_10120	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, GARY H 233 BROADWAY NEW YORK NY 10279	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS	2 W 3	4 10190 Hur Dt	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CANNON, JOHN H 233 BROADWAY NEW YORK NY 10279	☐ Delete	TITLE NAME STREET ADDRE	ess 1/	$\omega$ $\omega$ 3	ign Ar Yr Yr T	[4 Change	Addition	
13. I hereby indicated of the cor	certify that the information supplied with the certify that the information supplied with the certification or the receiver or trustee empower, or on an attachment with an address, with the certification of the certification of the receiver or trustee empower.	rue and accurate and that my rered to execute this report a	he exemption	stated in Sec all have the sa Chapter 607,	tion 119.07(3)(i), fame legal effect as Florida Statutes; a	Florida Statutes. I fur s if made under oath and that my name a	rther certify that the h; that I am an office ppears in Block 11 c	nformation r or director or Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: