# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2004 8:00 am**
**Secretary of State**
02-17-2004 90007 018 ***150.00

DOCUMENT # 804985

1. Entity Name
FOOT LOCKER SPECIALTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 112 W 34TH STREET<br>NEW YORK, NY 10120 US | PO BOX 2731<br>HARRISBURG, PA 17105-2731 US |

54007133

01092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
13-5493340

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | SERRA, MATTHEW |
| STREET ADDRESS | 112 W 34TH DR |
| CITY-ST-ZIP | NEW YORK, NY 10120 |
| TITLE | D |
| NAME | HARTMAN, BRUCE |
| STREET ADDRESS | 112 W 34TH ST |
| CITY-ST-ZIP | NEW YORK, NY 10120 |
| TITLE | SVP |
| NAME | BERK, JEFF |
| STREET ADDRESS | 112 W 34TH ST |
| CITY-ST-ZIP | NEW YORK, NY 10120 |
| TITLE | VP |
| NAME | BROWN, GARY H |
| STREET ADDRESS | 112 W 34TH ST |
| CITY-ST-ZIP | NEW YORK, NY 10120 |
| TITLE | Secretary |
| NAME | Sheilagh Clarke |
| STREET ADDRESS | 112 W 34th St |
| CITY-ST-ZIP | NY NY 10120 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sheilagh M. Clarke 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #