

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
199**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUN 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name THE CATO CORPORATION	DOCUMENT # 827645 (3)
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Mailing Address 8100 DENMARK RD. P. O. BOX 34216 CHARLOTTE NC 28234-1216	Principal Place of Business 8100 DENMARK RD. P. O. BOX 34216 CHARLOTTE NC 28234-1216
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		3. Date Incorporated or Qualified 03/17/1972	3a. Date of Last Report 03/01/1993
2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 56-0484485	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75- Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23 City & State	28 City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85	Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	1.2 NAME CATO, WAYLAND H., JR.	1.1 TITLE	1.2 NAME 300001531703
1.3 STREET ADDRESS 8100 DENMARK ROAD	1.4 CITY - ST - ZIP CHARLOTTE NC	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP -07/07/95--01018--022
2.1 TITLE D	2.2 NAME CURRIN, GEORGE S.	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS 2217 RED FOX TRAIL	2.4 CITY - ST - ZIP CHARLOTTE NC	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE V/T	3.2 NAME SCOTT, V. HOLLIS	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS 8100 DENMARK RD.	3.4 CITY - ST - ZIP CHARLOTTE NC	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE D	4.2 NAME JOHNSON, JAMES V.	4.1 TITLE D	4.2 NAME Linda McFarland
4.3 STREET ADDRESS 3280 WICKERSHAM ROAD	4.4 CITY - ST - ZIP CHARLOTTE NC	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP 8100 Denmark Rd Charlotte, NC
5.1 TITLE S	5.2 NAME SCOTT, V. HOLLIS	5.1 TITLE S	5.2 NAME Alon E. Wiley
5.3 STREET ADDRESS 8100 DENMARK RD	5.4 CITY - ST - ZIP CHARLOTTE NC	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP 8100 Denmark Rd Charlotte, NC
6.1 TITLE V	6.2 NAME GEBHARDT, THERESA	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS 8100 DENMARK RD.	6.4 CITY - ST - ZIP CHARLOTTE NC	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all conditions concerning unclaimed property imposed by Chapter 717, Florida Statutes; and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **5-1-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Theresa Gebhardt Date

VP - Tax