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

APPROVED AND FILED
95 MAY -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838670** **(8)**

1. Corporation Name
EDISON BROTHERS APPAREL STORES, INC.

Principal Place of Business	Mailing Address
501 N BROADWAY PO BOX 14445 ST LOUIS MO 63102 US	P.O. BOX 14445 PO BOX 14445 ST LOUIS MO 63178 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/29/1977**
3a. Date of Last Report: **04/27/1994**

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: **59-1417189** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	MCCAIN, THOMAS	12 NAME		
STREET ADDRESS	12707 CORUM WAY DR.	13 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☑ Change ☐ Addition
NAME	SNEIDER, MARTIN	22 NAME	ALAN MILLER	
STREET ADDRESS	6420 ELLENWOOD AVE	23 STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	24 CITY-ST-ZIP	ST. LOUIS MO.	
TITLE	TD	31 TITLE		☑ Change ☐ Addition
NAME	WEEKS, LEE G	32 NAME	DAVID COOPER	
STREET ADDRESS	2263 DERBY WAY	33 STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP	ST. LOUIS MO.	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SACHS, ALAN	42 NAME		
STREET ADDRESS	7422 WELLINGTON WAY	43 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, ANDREW	52 NAME		
STREET ADDRESS	#5 DROMARA RD	53 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	54 CITY-ST-ZIP		
TITLE		61 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		62 NAME	MARTIN SNEIDER	
STREET ADDRESS		63 STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP		64 CITY-ST-ZIP	ST LOUIS MO.	

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: Thomas McCain VP 4/21/95 314 55 7528
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas McCain

0400004 FP