

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 838670 (8)**

1. Corporation Name  
**EDISON BROTHERS APPAREL STORES, INC.**



Principal Place of Business  
**501 N BROADWAY  
PO BOX 14445  
ST LOUIS MO 63102  
US**

Mailing Address  
**P.O. BOX 14445  
PO BOX 14445  
ST LOUIS MO 63178  
US**

3. Date Incorporated or Qualified **06/29/1977** 3a. Date of Last Report **05/01/1995**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MCCAIN, THOMAS</b>	
STREET ADDRESS	<b>12707 CORUM WAY DR.</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MILLER, ALAN</b>	
STREET ADDRESS	<b>501 N. BROADWAY</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>COOPER, DAVID</b>	
STREET ADDRESS	<b>501 N. BROADWAY</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SACHS, ALAN</b>	
STREET ADDRESS	<b>7422 WELLINGTON WAY</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>NEWMAN, ANDREW</b>	
STREET ADDRESS	<b>#5 DROMARA RD</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SNEIDER, MARTIN</b>	
STREET ADDRESS	<b>501 N BROADWAY</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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* *4/1/96* *314 331 7528*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)