

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90046 043 ***150.00

05/20/96

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 838670

1. Corporation Name
EDISON BROTHERS APPAREL STORES, INC.



Principal Place of Business
 P.O. BOX 14445
 ATTN: TAX DEPT.
 ST LOUIS MO 63178
 US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
06/29/1977

4. FEI Number
59-1417189

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 owes the current year intangible Personal Property Tax. 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 607.0501 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | V <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VP. CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCAIN, THOMAS | 1.2 NAME | JUDITH M. ABRAMS |
| STREET ADDRESS | 12707 CORUM WAY DR. | 1.3 STREET ADDRESS | 501 N BROADWAY |
| CITY-ST-ZIP | ST LOUIS MO | 1.4 CITY-ST-ZIP | ST. LOUIS MO 63102 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HONIG, LAWRENCE | 2.2 NAME | |
| STREET ADDRESS | 501 N. BROADWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO 63102 | 2.4 CITY-ST-ZIP | |
| TITLE | CFO <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURTELOW, JACK | 3.2 NAME | |
| STREET ADDRESS | 501 N. BROADWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO 63102 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SACHS, ALAN | 4.2 NAME | |
| STREET ADDRESS | 7422 WELLINGTON WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST LOUIS MO | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, BART | 5.2 NAME | |
| STREET ADDRESS | 5050 40TH ST. SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHOENIX AZ 83018 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOFT, JACOB | 6.2 NAME | |
| STREET ADDRESS | #1 ROCKEFELLER PLAZA SUITE 1401 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10020 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE: Judith M. Abrams Date: 4/27/99 Daytime Phone #: 314 331 7528

CR2E034 (11/98)