

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858202

1. Entity Name

FOOTSTAR CORPORATION

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90063 019 ***150.00

Principal Place of Business

Mailing Address

7880 BENT BRANCH
#100
IRVING TX 75063
US

ATTN: TAX DEPARTMENT
67 MILLBROOK ST
WORCESTER MA 01606-2817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1500359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CCEO
STREET ADDRESS JOHN M ROBINSON
CITY-ST-ZIP 933 MACARTHUR BLVD
MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS JEFFREY SHEPARD
CITY-ST-ZIP 933 MACARTHUR BLVD
MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VP
STREET ADDRESS ALBERT, CHARLES
CITY-ST-ZIP 7880 BENT BRANCH DR #100
IRVING TX 75063

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS DALY, REGINA T.
CITY-ST-ZIP 7880 BENT BRANCH DR #100
IRVING, TX 75063

TITLE ☒ Delete
NAME T
STREET ADDRESS WILSON, MARY BETH
CITY-ST-ZIP 67 MILLBROOK ST
WORCESTER MA 01606

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS GUINNESS, KATHY
CITY-ST-ZIP 933 MACARTHUR BLVD.
MAHWAH, NJ.

TITLE ☐ Delete
NAME S.
STREET ADDRESS MAUREEN RICHARDS
CITY-ST-ZIP 933 MACARTHUR BLVD
MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ASST. SECY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ASST. SECY
STREET ADDRESS WILSON, MARY BETH
CITY-ST-ZIP 67 MILLBROOK ST.
WORCESTER, MA 01606

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY BETH WILSON, ASST. SECY

4/15/00 (508) 757-5006

CR2E034 (9/99)