

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 858202**

1. Entity Name

FOOTSTAR CORPORATION**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90012 015 ***150.00

Principal Place of Business

**7880 BENT BRANCH
#100
IRVING TX 75063
US**

Mailing Address

**ATTN: TAX DEPARTMENT
67 MILLBROOK ST
WORCESTER MA 01606
US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **CCEO** ☐ Delete
NAME **JOHN M ROBINSON**
STREET ADDRESS **933 MACARTHUR BLVD**
CITY-ST-ZIP **MAHWAH NJ 07430**TITLE **P** ☐ Delete
NAME **JEFFREY SHEPARD**
STREET ADDRESS **933 MACARTHUR BLVD**
CITY-ST-ZIP **MAHWAH NJ 07430**TITLE **VP** ☐ Delete
NAME **DALY, KEITH T**
STREET ADDRESS **7880 BENT BRANCH DR #100**
CITY-ST-ZIP **IRVING TX 75063**TITLE **T** ☐ Delete
NAME **GUINNESSEY, KATHY**
STREET ADDRESS **933 MACARTHUR BLVD**
CITY-ST-ZIP **MAHWAH NJ**TITLE **S** ☐ Delete
NAME **MAUREEN RICHARDS**
STREET ADDRESS **933 MACARTHUR BLVD**
CITY-ST-ZIP **MAHWAH NJ 07430**TITLE **AS** ☐ Delete
NAME **WILSON, MARY B**
STREET ADDRESS **67 MILLBROOK ST**
CITY-ST-ZIP **WORCESTER MA 01606**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

MARYBETH WILSON, ASST. SECY.**4/18/01**
Date**508-757-5006**
Daytime Phone #

CR2E034 (10/00)