



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90030 044 \*\*\*150.00

<b>DOCUMENT # 858202</b> 1. Entity Name <b>FOOTSTAR CORPORATION</b>			
Principal Place of Business <b>7880 BENT BRANCH #100 IRVING, TX 75063 US</b>		Mailing Address <b>ATTN: TAX DEPARTMENT 67 MILLBROOK ST WORCESTER, MA 01606 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip		City & State  Zip	
Country		Country	

01222004    Chg-P    CR2E034 (10/03)



4. FEI Number <b>75-1500359</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCOO	<input checked="" type="checkbox"/> Delete		TITLE	CCOO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN M. ROBINSON			NAME	DALE W. HILPERT		
STREET ADDRESS	1 CROSFIELD AVE			STREET ADDRESS	1 CROSFIELD AVE.		
CITY-ST-ZIP	WEST NYACK, NY 10994			CITY-ST-ZIP	WEST NYACK, NY 10994		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFREY SHEPARD			NAME			
STREET ADDRESS	933 MACARTHUR BLVD			STREET ADDRESS			
CITY-ST-ZIP	MAHWAH, NJ 07430			CITY-ST-ZIP			
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUINNESSSEY, KATHY			NAME	VINCENT ZANNA		
STREET ADDRESS	1 CROSFIELD AVE			STREET ADDRESS	1 CROSFIELD AVE.		
CITY-ST-ZIP	WEST NYACK, NY 10994			CITY-ST-ZIP	WEST NYACK, NY 10994		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEESSE, RONALD B			NAME			
STREET ADDRESS	67 MILLBROOK ST			STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01606			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAUREEN RICHARDS			NAME			
STREET ADDRESS	1 CROSFIELD AVE			STREET ADDRESS			
CITY-ST-ZIP	WEST NYACK, NY 10994			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, MARY B			NAME			
STREET ADDRESS	67 MILLBROOK ST			STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01606			CITY-ST-ZIP			

12. 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 10 or Block 11 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

2/10/04 (508) 757-5006

Date Daytime Phone #