2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90032 023 ***150.00

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1. Entity Name
FOOT LOCKER CORPORATE SERVICES, INC.

40005578

Principal Place of Business	Mailing Address
3543 SIMPSON FERRY ROAD CAMP HILL, PA 17011	3543 SIMPSON FERRY ROAD CAMP HILL, PA 17011

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2223346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CLARKE, SHEILAGH
STREET ADDRESS	112 WEST 34TH STREET
CITY-ST-ZIP	NEW YORK, NY 10120
TITLE	PD
NAME	~~SERRA, MATTHEW D~~ Richard Mina
STREET ADDRESS	112 WEST 34TH STREET
CITY-ST-ZIP	NEW YORK, NY 10120
TITLE	V
NAME	BERK, JEFFREY L
STREET ADDRESS	112 WEST 34TH STREET
CITY-ST-ZIP	NEW YORK, NY 10120
TITLE	VD
NAME	HARTMAN, BRUCE L
STREET ADDRESS	112 WEST 34TH STREET
CITY-ST-ZIP	NEW YORK, NY 10120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sheilagh Clarke 1/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #