

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

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**Mar 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P38157 (4)**  
1. Corporation Name  
**BURDINES, INC.**



Principal Place of Business Mailing Address  
**C/O FEDERATED DEPARTMENT STORES, INC.  
7 WEST SEVENTH ST.  
CINCINNATI OH 45202  
US**

3. Date Incorporated or Qualified **04/02/1992** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>31-1239818</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 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

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P SOCOL, HOWARD</b>
STREET ADDRESS	<b>7 WEST 7TH STREET</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD BRODERICK, DENNIS J.</b>
STREET ADDRESS	<b>7 WEST 7TH STREET</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VSD SIMS, JOHN R.</b>
STREET ADDRESS	<b>7 WEST 7TH ST.</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V SEPPELT, ROBERT C.</b>
STREET ADDRESS	<b>7 WEST 7TH STREET</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TAS HOGUET, KAREN M.</b>
STREET ADDRESS	<b>7 WEST 7TH STREET</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS ZIERMAIER, KLAUS M.</b>
STREET ADDRESS	<b>7 WEST 7TH STREET</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>V Nay, Gary</b>
1.3 STREET ADDRESS	<b>7 West 7th Street</b>
1.4 CITY - ST - ZIP	<b>Cincinnati, OH</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>AS Cox, Jack</b>
2.3 STREET ADDRESS	<b>7 West 7th Street</b>
2.4 CITY - ST - ZIP	<b>Cincinnati, OH</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>AS Stewart, Gwyneth</b>
3.3 STREET ADDRESS	<b>7 West 7th Street</b>
3.4 CITY - ST - ZIP	<b>Cincinnati, OH</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Jack B. Cox* Jack B. Cox, Assistant Secretary 2/10/97 513-579-7311

CFR2E034 (9/96)