

\*\* Amended \*\*  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 15 AM 11:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P38157  
 1. Entity Name  
 Burdines, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
c/o Federated Dept. Stores, Inc. Suite, Apt. #, etc.		c/o Federated Corp. Svcs, Inc. Suite, Apt. #, etc.	
7 West Seventh St. City & State		7 West Seventh St. City & State	
Cincinnati, Ohio Zip Country		Cincinnati, Ohio Zip Country	
45202		45202	

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
31-1239818	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee
FL
Zip Code
32301

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	Belsky, Joel	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	VD.	TITLE	
NAME	Broderick, Dennis J.	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	Cariappa, Padma T.	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	Mays, Bradley R.	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	Cox, Jack B.	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	Ziermaier, Klaus M.	NAME	
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack B. Cox Jack B. Cox, Asst. Secy. 10/1/03 (513) 579-7311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

10/1/03