

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90135 022 ***150.00

DOCUMENT # **239884**

1. Corporation Name
MAY-COHENS, INC.

Principal Place of Business
**SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101**

Mailing Address
**SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1960

4. FEI Number

43-1427814

Applied For

☐ Yes ☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **KNIFFEN, JAN R.**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **KNIFFEN, JAN R.**
1.3 STREET ADDRESS **SIXTH AND OLIVE**
1.4 CITY-ST-ZIP **ST LOUIS MO 63101**

TITLE **VP** ☐ DELETE
NAME **DOERR, MARTIN M**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GARR, LOUIS J JR.**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **CERULLI, ROBERT F.**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **SZTUKOWSKI, JOHN A.**
4.3 STREET ADDRESS **SIXTH AND OLIVE**
4.4 CITY-ST-ZIP **ST LOUIS MO 63101**

TITLE **VSD** ☐ DELETE
NAME **BRICKSON, RICHARD A**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **V** ☐ Change ☒ Addition
6.2 NAME **SAETTELE, RONALD W.**
6.3 STREET ADDRESS **SIXTH AND OLIVE**
6.4 CITY-ST-ZIP **ST LOUIS MO 63101**

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

(314) 342-6364
Daytime Phone #

CR2E034 (11/98)

239884
401111-90135-22

MAY-COHENS, INC.
LIST OF OFFICERS

NAME

TITLE

Jan R. Kniffen	President
Richard A. Brickson	Vice President and Secretary
Martin M. Doerr	Vice President
Ronald W. Saettele	Vice President
John A. Sztukowski	Treasurer

DIRECTORS

Richard A. Brickson
Jan R. Kniffen

ADDRESS OF ALL OFFICERS AND DIRECTOR

Sixth and Olive Streets
St. Louis, MO 63101

MAY

The May Department Stores Company
Writer's Direct Dial Number:

239884
401111 - 90135-22

File #99-429

CERTIFICATE OF MAILING
PAGE 161, LINE 3

April 5, 1999

Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

State Form/Purpose: Annual Report

Company: May-Cohens, Inc.

FEIN: 43-1427814

Document #: 239884

FYE: January 30, 1999

Amount: \$150.00

COMMENTS:

Sincerely,

Patricia M. Albers

Patricia M. Albers
Secretary

Enclosures