
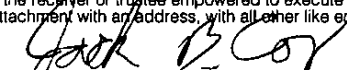


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 813197</b>			
1. Entity Name <b>FEDERATED RETAIL HOLDINGS, INC.</b>			
Principal Place of Business <b>611 OLIVE ST. ST. LOUIS, MO 63101-1799</b>		Mailing Address <b>611 OLIVE STREET ST. LOUIS, MO 63101-1799</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7 West Seventh Street</b>  Suite, Apt. #, etc.	
City & State  Zip		City & State <b>Cincinnati, Ohio</b> Zip <b>45202</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>43-0398035</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP FINGLETON, THOMAS D 611 OLIVE ST. ST LOUIS, MO 631011799</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO DUNHAM, JOHN L 611 OLIVE ST. ST. LOUIS, MO 631011799</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D BRICKSON, RICHARD A 611 OLIVE ST. ST. LOUIS, MO 631011799</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP DOERR, MARTIN M 611 OLIVE ST. ST. LOUIS, MO 631011799</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MCNAMARA, WILLIAM P 611 OLIVE ST. ST. LOUIS, MO 631011799</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO LEVITT, JAY H 611 OLIVE ST. ST. LOUIS, MO 631011799</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		600072758806 04/28/06--01035--006 **\$1800.00	
SIGNATURE: 		Jack B. Cox, Asst. Secretary 4/13/06 (513)579-7	