

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816180 (4)
 1. Corporation Name
EDISON BROTHERS STORES, INC.



Principal Place of Business 501 N BROADWAY P. O. BOX 118479 ST LOUIS MO 63102 US	Mailing Address P.O. BOX 14445 ST. LOUIS MO 63178-4445 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 2. Principal Place of Business City & State	27 2a. Mailing Address City & State
23 2. Principal Place of Business Zip	28 2a. Mailing Address Zip
24 2. Principal Place of Business Country	29 2a. Mailing Address Country

3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 04/26/1996
4. FEI Number 43-0254900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NO!! Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SACHS, ALAN	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, DAVID	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNEIDER, MARTIN	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAIN, T.K.	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, ANDREW	
STREET ADDRESS	501 N. BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	KARL MICHAEL
3.4 CITY-ST-ZIP	501 N. BROADWAY
	ST. LOUIS MO. 63102
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 if changed, or on an attachment with an address.

SIGNATURE: *Sharon M. S. K.* *VP* *4/15/97 314 331.7526*

CR2E034 (9/96)