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FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 ST LOUIS MO 63102 US	Mailing Address P.O. BOX 14445 ST. LOUIS MO 63178 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1962	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-0254900		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FL	

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	SD	1.1 TITLE	SECRETARY
NAME	SACHS, ALAN	1.2 NAME	
STREET ADDRESS	501 N. BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	CFO
NAME	COOPER, DAVID	2.2 NAME	JACK BURTELON
STREET ADDRESS	501 N. BROADWAY	2.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	VD	3.1 TITLE	DIRECTOR
NAME	MICHEN, KARL	3.2 NAME	BART BROWN
STREET ADDRESS	501 N. BROADWAY	3.3 STREET ADDRESS	5050 40th St, Suite 200
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	PHOENIX, AZ 85018
TITLE	PD	4.1 TITLE	PRES DIR
NAME	MILLER, ALAN	4.2 NAME	LAURENCE HANDIG
STREET ADDRESS	501 N. BROADWAY	4.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	V	5.1 TITLE	
NAME	MCCAIN, T.K.	5.2 NAME	
STREET ADDRESS	501 N. BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	JACOB DOFT
STREET ADDRESS		6.3 STREET ADDRESS	41 ROCKEFELLER PLAZA, Suite 1401
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW YORK NY 10020

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.

CFR2E034 (10/97)