

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

**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

**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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1962</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>43-0254900</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC                  1201 HAYES STREET                  STE - 105                  TALLAHASSEE FL 32301</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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

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.

SIGNATURE \_\_\_\_\_

CFR2E034 (10/97)