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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 816180

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

3. Date Incorporated or Qualified
06/28/1962

4. FEI Number
43-0254900

5. Certificate of Status Desired Applied For
 Not Applicable
\$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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
 1201 HAYES STREET
 STE - 105
 TALLAHASSEE FL 32301**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | CFO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURTELOW, JACK | 2.2 NAME | |
| STREET ADDRESS | 501 N. BROADWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST LOUIS MO 63102 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, BART | 3.2 NAME | |
| STREET ADDRESS | 5050 40TH ST SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHOENIX AZ 85018 | 3.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HONIG, LAWRENCE | 4.2 NAME | |
| STREET ADDRESS | 501 N. BROADWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST LOUIS MO 63102 | 4.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCAIN, T.K. | 5.2 NAME | <i>VP-CONSTABLE</i> |
| STREET ADDRESS | 501 N. BROADWAY | 5.3 STREET ADDRESS | <i>JUDITH M. ABRAMS</i> |
| CITY-ST-ZIP | ST LOUIS MO | 5.4 CITY-ST-ZIP | <i>501 N BROADWAY</i> |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOFT, JACOB | 6.2 NAME | |
| STREET ADDRESS | #1 ROCKEFELLER PLAZA SUITE 1401 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10020 | 6.4 CITY-ST-ZIP | |

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: *Judith M. Abrams* 4/7/99 314 331 7528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)