

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817296

1. Entity Name
VENATOR GROUP RETAIL, INC.

Principal Place of Business
233 BROADWAY
NEW YORK NY 10279

Mailing Address
233 BROADWAY
NEW YORK NY 10279

2. Principal Place of Business
112 W. 34th St
Suite, Apt. #, etc.

3. Mailing Address
P O Box 2731
Suite, Apt. #, etc.

City & State
New York NY
Zip 10120 Country

City & State
HARRISBURG PA
Zip 17105-2731 Country

4. FEI Number 13-1988404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARAH, ROGER N	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	SERRA, MATTHEW	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILPERT, DALE	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEWOLF, JOHN E III Jeff Berk	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARKE, S. M.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CANNON, J.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 W. 34th St	
STREET ADDRESS	NY NY 10120	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 W. 34th St	
STREET ADDRESS	NY NY 10120	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 W. 34th St	
STREET ADDRESS	NY NY 10120	
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01

Date

717-912-3209

Daytime Phone #

CR2E034 (10/00)

0595968

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90015 012 ***150.00



DO NOT WRITE IN THIS SPACE