

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 817296

1. Entity Name  
FOOT LOCKER RETAIL, INC.



Principal Place of Business  
112 W. 34TH ST  
NEW YORK, NY 10120

Mailing Address  
P.O. BOX 2731  
HARRISBURG, PA 17105-2731

FILED  
04 FEB -2 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SERRA, MATTHEW  
STREET ADDRESS 112 W. 34TH ST  
CITY-ST-ZIP NEW YORK, NY 10120

TITLE V  
NAME BERK, JEFF  
STREET ADDRESS 112 W. 34TH ST  
CITY-ST-ZIP NEW YORK, NY 10120

TITLE S  
NAME CLARKE, S. M.  
STREET ADDRESS 112 W. 34TH ST  
CITY-ST-ZIP NEW YORK, NY 10120

TITLE D  
NAME HARTMAN, BRUCE  
STREET ADDRESS 112 W. 34TH ST.  
CITY-ST-ZIP NEW YORK, NY 10120

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100028304031  
02/05/04--01063--007 \*\*150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheilah M. Clarke* 1/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #