


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 020 ***150.00

DOCUMENT # 817296 1. Entity Name FOOT LOCKER RETAIL, INC.	
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Principal Place of Business 112 W. 34TH ST NEW YORK, NY 10120	Mailing Address P.O. BOX 2731 HARRISBURG, PA 17105-2731
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DO NOT WRITE IN THIS SPACE

40000001



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1988404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRA, MATTHEW <i>MUNA, Richard</i> 112 W. 34TH ST NEW YORK, NY 10120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERK, JEFF 112 W. 34TH ST NEW YORK, NY 10120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, S. M. 112 W. 34TH ST NEW YORK, NY 10120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, BRUCE 112 W. 34TH ST. NEW YORK, NY 10120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Lin Amode* *Stephan Clarke* *1/13/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #