FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **832794** **(2)**

1. Corporation Name

THE UNITED STATES SHOE CORPORATION

Principal Place of Business	Mailing Address
ONE EASTWOOD DRIVE CINCINNATI OH 45227	ONE EASTWOOD DRIVE CINCINNATI OH 45227

3. Date Incorporated or Qualified: **08/01/1974**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **8600 GOVERNOR'S HILL DR.**
Suite, Apt. #, etc.
22
City & State
23 **CINCINNATI, OHIO**
Zip: 24 **45242** Country: 25 **U.S.**

2a. Mailing Address
26 **8600 GOVERNOR'S HILL DR.**
Suite, Apt. #, etc.
27
City & State
28 **CINCINNATI, OHIO**
Zip: 29 **45242** Country: 30 **U.S.**

4. FEI Number: **31-0474200** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 Title: VS	☒ Delete	11 Title: VS	☒ Change ☐ Addition
12 Name: CROWE, JAMES J.		12 Name: BOXER, MICHAEL A.	
13 Street Address: 1898 ALPINE TERRACE		13 Street Address: 8600 GOVERNOR'S HILL DRIVE	
14 City-St-Zip: CINCINNATI OH		14 City-St-Zip: CINCINNATI, OHIO 45242	
21 Title: V	☒ Delete	21 Title: V	☒ Change ☐ Addition
22 Name: MALONEY, JAMES P		22 Name: FRANCAVILLA, LUIGI	
23 Street Address: ONE EASTWOOD DRIVE		23 Street Address: 8600 GOVERNOR'S HILL DRIVE	
24 City-St-Zip: CINCINNATI OH		24 City-St-Zip: CINCINNATI, OHIO 45242	
31 Title: VC	☒ Delete	31 Title: CO	☒ Change ☐ Addition
32 Name: GERTH, EDWIN C.		32 Name: CHIMELLO, ROBERTO	
33 Street Address: 11717 RETVIEW LANE		33 Street Address: 8600 GOVERNOR'S HILL DRIVE	
34 City-St-Zip: LOVELAND OH		34 City-St-Zip: CINCINNATI, OHIO 45242	
41 Title: D	☒ Delete	41 Title: C	☒ Change ☐ Addition
42 Name: ANDERER, JOSEPH H.		42 Name: DEL VECCHIO, LEONARDO	
43 Street Address: 42 LAKEWIND RD.		43 Street Address: 8600 GOVERNOR'S HILL DRIVE	
44 City-St-Zip: NEW CANNAAN CT		44 City-St-Zip: CINCINNATI, OHIO 45242	
51 Title: PCO	☒ Delete	51 Title: PCO	☒ Change ☐ Addition
52 Name: HUDSON, BANNUS B.		52 Name: DEL VECCHIO, CLAUDIO	
53 Street Address: 3749 HARVARD ACRES		53 Street Address: 8600 GOVERNOR'S HILL DRIVE	
54 City-St-Zip: CINCINNATI OH		54 City-St-Zip: CINCINNATI, OHIO 45242	
61 Title: VT	☒ Delete	61 Title: VT	☒ Change ☐ Addition
62 Name: PETRIK, ROBERT J.		62 Name: GIANNOLA, VITO	
63 Street Address: 1311 PARK RIDGE LANE		63 Street Address: 8600 GOVERNOR'S HILL DRIVE	
64 City-St-Zip: CINCINNATI OH		64 City-St-Zip: CINCINNATI, OHIO 45242	

14. I hereby certify that the information supplied with this report is true, accurate, complete and current. I further certify that the information indicated on this 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 with an address, with respect to those addresses.

SIGNATURE: Tom Larson **Tom LARSON, V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)