

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834579 (5)**  
 1. Corporation Name  
**MERCANTILE PROPERTIES, INC.**



Principal Place of Business <b>% MERCANTILE STORES CO., INC.</b> <b>9450 SEWARD RD</b> <b>FAIRFIELD OH 45014</b>	Mailing Address <b>% MERCANTILE STORES CO., INC.</b> <b>9450 SEWARD RD</b> <b>FAIRFIELD OH 45014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1975</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>13-2814711</b>	
23. Zip	25. Country	28. Zip	30. Country	Applied For Not Applicable	
24. Name and Address of Current Registered Agent		9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

B. CROCKETT % GAYFERS 9TH AVE. & BRENT LANE PENSACOLA FL 32504		81. Name	10. Name and Address of New Registered Agent		
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	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 \_\_\_\_\_ (NO. 11 - Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETTE, R.L.	1.2 NAME	
STREET ADDRESS	9450 SEWARD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPLEY, R.L.	2.2 NAME	
STREET ADDRESS	9450 SEWARD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, W.A.	3.2 NAME	
STREET ADDRESS	9450 SEWARD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	3.4 CITY-ST-ZIP	
TITLE	VCFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVICKER, J M	4.2 NAME	
STREET ADDRESS	9450 SEWARD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	4.4 CITY-ST-ZIP	
TITLE	CEOD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, D.L.	5.2 NAME	
STREET ADDRESS	9450 SEWARD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	5.4 CITY-ST-ZIP	
TITLE	TS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, W A	6.2 NAME	
STREET ADDRESS	9450 SEWARD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	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 my address.

**SIGNATURE:** \_\_\_\_\_ **William A. Carr** 1/28/98 (513) 881-8000

CR2E034 (10/97)