

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


APPROVED
AND
FILED

98 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **835627** (1)
1. Corporation Name
GCO PROPERTIES, INC.

Principal Place of Business 1415 MURFREESBORO RD STE 212 NASHVILLE TN 37202 US	Mailing Address 1415 MURFREESBORO RD STE 212 NASHVILLE TN 37202 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/22/1975	4. FEI Number 62-0934741 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee FL 85 Zip Code 32301-2525
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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 *X Deborah D. Skipper as agent* DATE **5-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMI, J S	1.2 NAME	100002517721-2
STREET ADDRESS	2519 RIDGEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISSON, ROGER G	2.2 NAME	
STREET ADDRESS	1504 WOODMONT BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKERSON, WILLIAM C	3.2 NAME	
STREET ADDRESS	44 BENZING RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIOCH TN	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BEN	4.2 NAME	
STREET ADDRESS	1415 MURFREESBORO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE *William C. Hickerson* DATE **4/23/98** (615) 367-8311

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 811954 5051525

AUTHORIZATION :

COST LIMIT : ~~\$~~ 150.00

ORDER DATE : May 8, 1998

ORDER TIME : 10:33 AM

ORDER NO. : 811954-005

CUSTOMER NO: 5051525

CUSTOMER: Ms. Karen Kilian
Genesco Inc.
P.O. Box 17

Nashville, TN 37202-0017

ANNUAL REPORT FILING

NAME: GCO PROPERTIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

A. Alan
5/8/98

RESUBMIT
Please give original
submission date as file date.
DIVISION OF CORPORATION
98 MAY -8 PM 2:44
RECEIVED