

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838670

1. Entity Name

EDISON BROTHERS APPAREL STORES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90015 022 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 14445
ATTN: TAX DEPT.
ST LOUIS MO 63178
US

P.O. BOX 14445
PO BOX 14445
ST LOUIS MO 63178-4445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1417189**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | VPCD | <input type="checkbox"/> Delete |
| NAME | ABRAMS, JUDITH M | |
| STREET ADDRESS | 501 N BROADWAY | |
| CITY-ST-ZIP | ST LOUIS MO 63102 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HONIG, LAWRENCE | |
| STREET ADDRESS | 501 N. BROADWAY | |
| CITY-ST-ZIP | ST. LOUIS MO 63102 | |
| TITLE | CFO | <input checked="" type="checkbox"/> Delete |
| NAME | BURTELÖW, JACK | |
| STREET ADDRESS | 501 N. BROADWAY | |
| CITY-ST-ZIP | ST. LOUIS MO 63102 | |
| TITLE | S D | <input type="checkbox"/> Delete |
| NAME | SACHS, ALAN | |
| STREET ADDRESS | 7422 WELLINGTON WAY | |
| CITY-ST-ZIP | ST LOUIS MO | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DOFT, JACOB | |
| STREET ADDRESS | #1 ROCKEFELLER PLAZA SUITE 1401 | |
| CITY-ST-ZIP | NEW YORK NY 10020 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JUDITH M. ABRAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 314 331-7524

VP - CONT. & DIR.

CR2E034 (9/99)