FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849789** **(3)**

1. Corporation Name
ENDICOTT JOHNSON SHOE CO.

Principal Place of Business	Mailing Address
780 HARRY L DRIVE JOHNSON CITY NY 13790 US	780 HARRY L DRIVE JOHNSON CITY NY 13790 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1981
3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 22-2335411 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	WIGGINS, MICHAEL C.	1.2 NAME	Albert N. Stricker
STREET ADDRESS	245 BROOK HILL AVE.	1.3 STREET ADDRESS	999 Gillen
CITY-ST-ZIP	VESTAL NY	1.4 CITY-ST-ZIP	Binghamtonp NY 13903
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SMEDIRA, NICHOLAS A	2.2 NAME	
STREET ADDRESS	941 FOREST RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENDWELL NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HEMPSTEAD, GEORGE H.	3.2 NAME	
STREET ADDRESS	99 WOOD AVE. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SILVERSTONE, EDWIN	4.2 NAME	
STREET ADDRESS	99 WOOD AVE. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LISELIN NJ	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	☐ Change ☐ Addition
NAME	DEL ROSSO, PAUL J.	5.2 NAME	
STREET ADDRESS	2943 NORTHWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENDWELL NY	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	BLENN, ROBERT W	6.2 NAME	
STREET ADDRESS	51 PENNSYLVANIA RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSON CITY NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paul J. Del Rosso Controller 4/25/95 (607)770-6735
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0484706 FN