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 # **849789** (3)

1. Corporation Name
ENDICOTT JOHNSON SHOE CO.

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

Mailing Address
780 HARRY L DRIVE
JOHNSON CITY NY 13790
US

3. Date Incorporated or Qualified: 07/22/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-2335411 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKER, ALBERT N.		1.2 NAME	
STREET ADDRESS	999 GILLEN		1.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTOM NY		1.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	SMEDIRA, NICHOLAS A		2.2 NAME	DIANE M. WARD
STREET ADDRESS	941 FOREST RD		2.3 STREET ADDRESS	77 SCHOFIELD ROAD
CITY-ST-ZIP	ENDWELL NY		2.4 CITY-ST-ZIP	CONKLIN, NY, 13748
TITLE	D	☐ DELETE	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	ISELILN NJ		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SILVERSTONE, EDWIN		4.2 NAME	JAMES LOFREDO
STREET ADDRESS	99 WOOD AVE. S.		4.3 STREET ADDRESS	99 WOOD AVENUE SOUTH
CITY-ST-ZIP	LISELIN NJ		4.4 CITY-ST-ZIP	ISELIN, NJ, 08830
TITLE	CFO	☐ DELETE	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	☐ DELETE	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)(k), 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: [signature] Paul J. DelRosso, VP/CFO 4/30/96 (607)770-6735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)