

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **849789** (3)
1. Corporation Name
ENDICOTT JOHNSON SHOE CO.



Principal Place of Business 780 HARRY L DRIVE JOHNSON CITY NY 13780 US	Mailing Address 780 HARRY L DRIVE JOHNSON CITY NY 13780-1036 US
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3. Date Incorporated or Qualified 07/22/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 22-2335411	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 99 WOOD AVENUE SOUTH Suite, Apt. #, etc. 22 City & State 23 ISELIN NJ Zip 24 08830	2a. Mailing Address 26 PO BOX 7050 Suite, Apt. #, etc. 27 City & State 28 ISELIN NJ Zip 29 08830	Country 25 USA	Country 30 USA
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRICKER, ALBERT N.		1.2 NAME ROBERT E. LEE	
STREET ADDRESS 999 GILLEN		1.3 STREET ADDRESS 99 WOOD AVENUE SOUTH	
CITY-ST-ZIP BINGHAMTOM NY		1.4 CITY-ST-ZIP ISELIN NJ 08830	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIANE M. WARD		2.2 NAME GEORGE H. HEMPSTEAD, III	
STREET ADDRESS 77 SCHOFIELD ROAD		2.3 STREET ADDRESS 99 WOOD AVENUE SOUTH	
CITY-ST-ZIP CONKLIN NY		2.4 CITY-ST-ZIP ISELIN NJ 08830	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES LOFREDO		4.2 NAME	
STREET ADDRESS 99 WOOD AVENUE SOUTH		4.3 STREET ADDRESS	
CITY-ST-ZIP ISELIN NJ		4.4 CITY-ST-ZIP	
TITLE CFO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE CFO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL ROSSO, PAUL J.		5.2 NAME JOHN E. LUSHEFSKI	
STREET ADDRESS 2843 NORTHWOOD DR		5.3 STREET ADDRESS 99 WOOD AVENUE SOUTH	
CITY-ST-ZIP ENDWELL NY		5.4 CITY-ST-ZIP ISELIN NJ 08830	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLENN, ROBERT W		6.2 NAME MARIE S. DREHER	
STREET ADDRESS 51 PENNSYLVANIA RD.		6.3 STREET ADDRESS 99 WOOD AVENUE SOUTH	
CITY-ST-ZIP JOHNSON CITY NY		6.4 CITY-ST-ZIP ISELIN NJ 08830	

14. I do 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: *Sandra B. Mortham* Luddy Asst. Sec. 4/30/97 908-603-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)