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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90158 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849790

1. Corporation Name

FATHER & SON SHOE STORES CO.

Principal Place of Business

222 WATER ST
STE 201
BINGHAMTON NY 13901
US

Mailing Address

POB 1650
BINGHAMTON NY 13902
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1981

4. FEI Number

22-2335406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

TITLE SD ☐ DELETE

NAME KYTE, LAWRENCE H JR

STREET ADDRESS 5805 MOHICAN

CITY-ST-ZIP CINCINNATI OH

TITLE P ☒ DELETE

NAME STRICKER, ALBERT N

STREET ADDRESS 999 GILLEN

CITY-ST-ZIP BINGHAMTON NY

TITLE CD ☐ DELETE

NAME NEWMAN, GEORGE W III

STREET ADDRESS 9825 CUNNINGHAM RD

CITY-ST-ZIP CINCINNATI OH

TITLE TD ☐ DELETE

NAME DAVIS, SCOTT E

STREET ADDRESS 56 HENRY AVE

CITY-ST-ZIP FORT THOMAS KY

TITLE VPCF ☐ DELETE

NAME DEL ROSSO, PAUL J.

STREET ADDRESS 2943 NORTHWOOD DR.

CITY-ST-ZIP ENDWELL NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Paul J. Del Rosso
VP - CFO

4/28/99 (607) 772-4000

Date

Daytime Phone #

CR2E034 (11/98)