## **2006 FOR PROFIT CORPORATION**

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F00000006313 05-01-2006 90308 048 \*\*\*150.00 1. Entity Name FOOT LOCKER CORPORATE SERVICES, INC. Principal Place of Business Mailing Address 3543 SIMPSON FERRY ROAD 3543 SIMPSON FERRY ROAD CAMP HILL, PA 17011 CAMP HILL, PA 17011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 22-2223346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete Change CLARKE, SHEILAGH NAME NAME STREET AODRESS 112 WEST 34TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10120 CITY-ST-ZIP JITE F ☐ Delete TITLE Change ☐ Addition NAME MINA, RICHARD NAME STREET ADDRESS 112 WEST 34TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10120 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Addition ☐ Change BERK, JEFFREY L NAME NAME STREET ADDRESS 112 WEST 34TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10120 CITY-ST-ZIP VD Delete TITI F 7ITI F ☐ Change ☐ Addition HARTMAN, BRUCE L NAME NAME STREET ADDRESS 112 WEST 34TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10120 CITY-ST-ZIP ☐ Delete **TILE** ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

FILED

Change

■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

lagh ClARKE 2/16/86 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT Daytime Phone #

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP