F01000004324

(Requestor's Name) (Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF COMPERATION



ACCOUNT NO. : 072100000032

REFERENCE: 180480 5029

AUTHORIZATION: 1000

COST LIMIT : \$ 35.00

ORDER DATE : July 23, 2003

ORDER TIME : 1:05 PM

ORDER NO. : 180480-595

CUSTOMER NO: 5029779

CUSTOMER: Carol S. Bruser

Federated Department Stores,

7 West Seventh St.

Cincinnati, OH 45202

CHANGE OF AGENT

NAME: RICH'S DEPARTMENT STORES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to to	he provisions of sections 607.	0502, 617.0502, 607.1508, or 617.15	08, Florida Statutes,
this statement	of change is submitted for a co	orporation organized under the laws o	f the State of
Ohio	in order to change its	registered office or registered agent,	or both, in the State
of Florida.			
*	of the corporation: RICH'S DEPA	ARTMENT STORES, INC.	
	oal office address: 7 West 7th		ALC B
Cincinnat	i, OH 45202		AT P
3. The mailing	g address (if different):		SSE F
4. Date of inc	orporation/qualification: Augus	Document number:	F01000004
	and street address of the current partment of State:	t registered agent and registered office	on file with the
	CT Corporation System		·
	1200 South Pine Island Re	oad	
	Plantation, FL 33324		
6. The name changed):	and street address of the new	registered agent (if changed) and /o	r registered office (if
,	Corporation Service Compa	any	
	1201 Hays Street (P.O. Box or p	personal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street add	dress of its registered office an	nd the street address of the business of	ffice of its registered
Such change authorized by	was authorized by resolution of the board, or the corporation	duly adopted by its board of directors has been notified in writing of the characteristics.	or by an officer so ange.
Signature of an off	lcer, chairman or vide chairman of the board)	Laura R. Dunlap, Actorney (Printed or typed name and	
I jurther agre performance registered ag office address	ee to comply with the provision of my duties, and I am familia ent. Or, if this document is be	red agent and agree to act in this cape is of all statutes relative to the proper ir with and accept the obligation of meting filed merely to reflect a change if rporation has been notified in writing	r ana complete y position as 1 the registered
If signing on be	half of an entity:		
Carla Lohi		Assistant Vice President	<u> </u>
·	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *