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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90035 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F64758

1. Corporation Name

MAIN STREET MALL FOOTACTION, INC.

Principal Place of Business

67 MILLBROOK STREET
WORCESTER MA 01606
US

Mailing Address

67 MILLBROOK STREET
WORCESTER MA 01606
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 MAIN STREET MALL		26 1880 BENT BRANCH DR.		01/27/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 #100		04-2763477	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 JACKSONVILLE MI		28 IRVING, TX		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 75063		30 USA	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	1.1 TITLE	PRES. / DIRECTOR
NAME	ROBINSON, J M	1.2 NAME	RALPH T. PARKS
STREET ADDRESS	933 MACARTHUR BLVD	1.3 STREET ADDRESS	1880 BENT BRANCH DR. #100
CITY-ST-ZIP	MAHWAH NJ	1.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	AS	2.1 TITLE	VIKKI RODRIGUEZ
NAME	WILSON, MARY BETH	2.2 NAME	1880 BENT BRANCH DR. #100
STREET ADDRESS	67 MILLBROOK ST	2.3 STREET ADDRESS	IRVING, TX 75063
CITY-ST-ZIP	WORCESTER MA 01606	2.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	S	3.1 TITLE	NANCY L. WINTON
NAME	BAHLMAN, GERALD	3.2 NAME	1880 BENT BRANCH DR. #100
STREET ADDRESS	933 MACARTHUR BLVD	3.3 STREET ADDRESS	IRVING, TX 75063
CITY-ST-ZIP	MAHWAH NJ 07430	3.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	VD	4.1 TITLE	1880 BENT BRANCH DR. #100
NAME	ROACH, DONALD V.	4.2 NAME	IRVING, TX 75063
STREET ADDRESS	933 MACARTHUR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ 07430	4.4 CITY-ST-ZIP	
TITLE	VP / DIRECTOR	5.1 TITLE	
NAME	CHARLES M. ALBERT	5.2 NAME	
STREET ADDRESS	1880 BENT BRANCH DR. #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING, TX 75063	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **NANCY L. WINTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 972-501-5000

Date

Daytime Phone #

CR2E034 (11/98)