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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300002563 (5)

FLORSHEIM GROUP INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
200 N LASAI		200 N LASALLE STREET					
CHICAGO IL 60801		CHICAGO IL 60601 US			DO NOT WRITE IN THIS SPACE		
1 08		00			3. Date Incorporated or Qualified	1 ITIIS SI AGE	
					06/02/1993		
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Α	Applied For
21		26			36-3520923	1	lot Applicable
Suite, Apt.	#, e 1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			S. Cermicate of Status Desired	Fee F	Required
City & State		City & State			Election Campaign Financing \$5.00 May Be		
Zip Country		28			Trust Fund Contribution		to Fees
			├ -	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25] 9. Name and Address of Curre	29	[30]		Personal Property Tax due June 3 10. Name and Address of New Regi		NO
TL	E PRENTICE-HALL CORPORATION		81	Name	IV. Hallo alla Addicad of How Hog	ototo Agoin	
	01 HAYES ST, STE 105	OH OTOTEM, INC.	<u> </u>				
	LLAHASSEE FL 32301		B2 Street Addr		Address (P.O. Box Number is Not Acceptable	;)	
' '^	EDANOCE IE SESSI		83				•
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the above	I e-named	corporation submits this statement for the pu		its registered
office or	registered agent, or both, in the State	of Florida, Such change was a	authorized by	the cor	corporation submits this statement for the purporation's board of directors. I hereby accept	the appointment a	s registered
I	arrivarian with, and accept the cong	anona or, occiron oor.oooa, i a	onda biaidio.	э.			1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	F: Registered Age	int signature	e required when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
TITLE	PO	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CAMPBELL, CHARLES J.		1.2 NAME				
STREET ADDRESS	200 N LASALLE STREET		1.3 STREET	ADDRESS			į
CITY-ST-ZIP	CHICAGO IL		1.4 CITY - 9	T-ZIP			
TITLE	D DOWN DOWN D	DELETE	2.1 TITLE		D	☐ Change	Addition
NAME	LOYND, RICHARD B		2.2 NAME		HANNAN J.J.		
STREET ADDRESS	101 S. HANLEY ROAD				1301 AVENUE OF THE AM		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP	NEW YORK H.Y. 10019		
TITLE	D HADDIC I I	☐ DELETE	3.1 TITLE			L Change	Addition
NAME	HARRIS, J. J	DICAC	3.2 NAME				
STREET ADDRESS	1301 AVENUE OF THE AMEI	CAUIT	3.3 STREET				
CITY-ST-ZIP	NEW YORK NY	TT perre	3.4. CITY-	ST-ZIP			1 James
TITLE	ODOGG MICHAEL C	DELETE	4.1 TITLE			L Change	Addition
NAME	GROSS, MICHAEL S	DICAC	4. 2 NAME				
STREET ADDRESS	1301 AVENUE OF THE AME	TIUMO	4.3 STREET				1
CITY-ST-ZIP	NEW YORK NY	NEITT	4.4 CITY - 9	T-ZIP		T Observe	₩ Jaan
TITLE	LATUAM K M	DELETE	5.1 TITLE		V.P.	☐ Change	Addition
NAME	LATHAM, K N		52 NAME		ANGUN R.J.		
STREET ADDRESS	200 N LASALLE STREET		5 3 STREET		200 N LAGALLE ST		
CITY-ST-ZIP	CHICAGO IL	T DELETE	5.4 CITY - S	t - ZIP	CHICAGO IL WOOD		
TITLE	TS POCCENCES T.S.	☐ DELET E	6.1 TITLE			☐ Change	Addition
NAME	POGGENSEE, T E		6.2 NAME				
STREET ADDRESS	200 N LASALLE STREET		6.3 STREET				
CITY-ST-ZIP	CHICAGO IL		6.4 CITY - S	T-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 oalh; 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.

TE D-111166

11/11/02