


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

FILED

**Feb 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006433 (6)
 1. Corporation Name
MACY'S EAST, INC.

Principal Place of Business 7 W. SEVENTH ST. CINCINNATI OH 45202	Mailing Address 7 W. SEVENTH ST. CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 City & State	30 Country

3. Date Incorporated or Qualified 12/16/1994	
4. FEI Number 13-3354541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, JAMES M	
STREET ADDRESS	7 W. SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BRODERICK, DENNIS J	
STREET ADDRESS	7 W. SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SIMS, JOHN R	
STREET ADDRESS	7 W. SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KAHN, HAROLD D.	
STREET ADDRESS	151 W 34TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	HOGUET, KAREN M.	
STREET ADDRESS	7 W 7TH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COX, JACK B.	
STREET ADDRESS	7 W 7TH STREET	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zimmerman, James M.
1.3 STREET ADDRESS	7 W. Seventh St.
1.4 CITY-ST-ZIP	Cincinnati, OH
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Broderick, Dennis J.
2.3 STREET ADDRESS	7 W. Seventh St.
2.4 CITY-ST-ZIP	Cincinnati, OH
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nay, Gary J.
3.3 STREET ADDRESS	7 W. Seventh St.
3.4 CITY-ST-ZIP	Cincinnati, OH
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Seppelt, Robert C.
4.3 STREET ADDRESS	7 W. Seventh St.
4.4 CITY-ST-ZIP	Cincinnati, OH
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ziermaier, Klaus M.
5.3 STREET ADDRESS	7 W. Seventh St.
5.4 CITY-ST-ZIP	Cincinnati, OH
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Jack B. Cox* Jack B. Cox, Asst. Secy 2/16/98 513-570-7211

CR2E034 (10/97)