

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006463 (3)**

1. Corporation Name

**FEDERATED/MACY'S CLOSE-OUT, INC.**



Principal Place of Business

Mailing Address

7 WEST SEVENTH STREET  
CINCINNATI OH 45202

7 WEST SEVENTH STREET  
CINCINNATI OH 45202

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

04/12/1995

4. FEI Number

13-3633369

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(If the Registered Agent is a corporation, it must be signed by an officer or director of the corporation.)

(If the Registered Agent is an individual, it must be signed by the individual.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | CD                       | <input type="checkbox"/> DELETE |
| NAME           | ZIMMERMAN, JAMES M       |                                 |
| STREET ADDRESS | 7 WEST SEVENTH STREET    |                                 |
| CITY-STATE-ZIP | CINCINNATI OH 45202      |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | BRODERICK, DENNIS J      |                                 |
| STREET ADDRESS | 7 WEST SEVENTH STREET    |                                 |
| CITY-STATE-ZIP | CINCINNATI OH 45202      |                                 |
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | SIMS, JOHN R             |                                 |
| STREET ADDRESS | 7 WEST SEVENTH STREET    |                                 |
| CITY-STATE-ZIP | CINCINNATI OH 45202      |                                 |
| TITLE          | P                        | <input type="checkbox"/> DELETE |
| NAME           | MORENBERG, EDWARD J      |                                 |
| STREET ADDRESS | 313 WATERLOO VALLEY ROAD |                                 |
| CITY-STATE-ZIP | MT. OLIVE NJ 07828       |                                 |
| TITLE          | TAS                      | <input type="checkbox"/> DELETE |
| NAME           | HOGUET, KAREN M M        |                                 |
| STREET ADDRESS | 7 WEST SEVENTH STREET    |                                 |
| CITY-STATE-ZIP | CINCINNATI OH 45202      |                                 |
| TITLE          | AS                       | <input type="checkbox"/> DELETE |
| NAME           | COX, JACK B              |                                 |
| STREET ADDRESS | 7 WEST SEVENTH STREET    |                                 |
| CITY-STATE-ZIP | CINCINNATI OH 45202      |                                 |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-STATE-ZIP |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

*Jack B. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Cox  
Assistant Secretary

2/13/96

(513)579-7311

CR2E034 (12/95)

**Macy's Close-Out, Inc.**

**Directors:**

Dennis J. Broderick  
John R. Sims  
James M. Zimmerman

**Officers:**

|                     |                                 |
|---------------------|---------------------------------|
| James M. Zimmerman  | Chairman                        |
| Edward J. Morenberg | President(1)                    |
| Dennis J. Broderick | Vice President                  |
| John R. Sims        | Vice President & Secretary      |
| Robert C. Seppelt   | Vice President                  |
| Gary J. Nay         | Vice President                  |
| Karen M. Hoguet     | Treasurer & Assistant Secretary |
| Klaus M. Ziermaier  | Assistant Secretary             |
| Jack B. Cox         | Assistant Secretary             |

(1) 313 Waterloo Valley Road, Mt. Olive, NJ 07828

Address: 7 West Seventh Street  
Cincinnati, Ohio 45202