

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

FILED

Mar 11 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000003314 (0)

1. Corporation Name

MACY'S PRIMARY REAL ESTATE, INC.

Principal Place of Business

**7 WEST SEVENTH ST.
CINCINNATI OH 45202**

Mailing Address

**7 WEST SEVENTH ST.
CINCINNATI OH 45202-2424**



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

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

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

02/01/1996

4. FEI Number

31-1423039

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

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

| | | |
|----------------|---------------------|--|
| TITLE | CP | <input checked="" type="checkbox"/> DELETE |
| NAME | ZIMMERMAN, JAMES M | |
| STREET ADDRESS | 7 WEST SEVENTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRODERICK, DENNIS J | |
| STREET ADDRESS | 7 WEST SEVENTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | SIMS, JOHN R | |
| STREET ADDRESS | 7 WEST SEVENTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | TAS | <input type="checkbox"/> DELETE |
| NAME | HOGUET, KAREN M. | |
| STREET ADDRESS | 7 W 7TH STREET | |
| CITY-ST-ZIP | CINCINNATI OH | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SEPPELT, ROBERT C. | |
| STREET ADDRESS | 7 W 7TH STREET | |
| 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

| | | |
|-------------------|----------------------|--|
| 11 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Nay, Gary | |
| 13 STREET ADDRESS | 7 West Seventh St. | |
| 14 CITY-ST-ZIP | Cincinnati, OH 45202 | |
| 21 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Stewart, Gwyneth | |
| 23 STREET ADDRESS | 7 West Seventh St. | |
| 24 CITY-ST-ZIP | Cincinnati, OH 45202 | |
| 31 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Ziermaier, Klaus | |
| 33 STREET ADDRESS | 7 West Seventh St. | |
| 34 CITY-ST-ZIP | Cincinnati, OH 45202 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do 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, Assistant Secretary 2/10/97 513-579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0478617

CR2E034 (9/96)