Mailing Address

7 WEST SEVENTH ST

CINCINNATI OH 45202

2a. Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

C/O9 FEDERATED CORPORATE SERVICES INC

DOCUMENT # F95000003314

Corporation Name

Principal Place of Business

2. Principal Place of Business

7 WEST SEVENTH ST. CINCINNATI OH 45202

MACY'S PRIMARY REAL ESTATE, INC.

21		26			31-1423039	No	t Applicable								
Suite, Apt.					5. Certificate of Status Desired	\$8.75 A									
22		27			G. Commodite of Canada Patrick	Fee Re	quired								
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be								
23		28			Trust Fund Contribution	Added to	o Fees								
Zip	Country	Zip	Country		8. This corporation owes the current year										
24	25	29 30	0		Personal Property Tax.	Yes 2	XXNo								
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent									
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81	81 Name											
			82 Street Address (P.O. Box Number is Not Acceptable) 83												
														Tan Tari d	
											84	City	F	EL 85 Zip C	Code
11 Durament	to the provisions of Sections 607 0503	2 and 607 1508 Florida Statutes	the above	-named com	oration submits this statement for the purpose	of changing its	registered								
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	nonzed by 1	the corporation	on's board of directors. I hereby accept the ap	pointment as req	gistered								
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.												
SIGNATURE					d when minstating) DATE	-1									
40	Signature, typed or printed name of registered agent		egistered Agen	t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12								
12.	OFFICERS ANI	D DIRECTORS	1.1 TITLE	TV	ADDITIONO/OTIMOCO TO OTITIOENCE	Change	Addition								
TITLE	• •	C OCCCIL		'	Tugals Nogl I		-x								
NAME	NAY, GARY		1.2 NAME	_	lueck, Neal J.										
STREET ADDRESS	7 WEST SEVENTH ST				West Seventh Street										
C(TY-ST-ZIP	CINCINNNATI OH				<u>incinnati, Ohio 45202</u>		FE Addition								
TITLE	PD	☐ DELETE	2.1 TITLE	A:		☐ Change	X Addition								
NAME.	Broderick, Dennis J		2.2 NAME		tewart, Swyneth G.										
STREET ADDRESS	7 West Seventh St.		2.3 STREET	ADDRESS 7	West Seventh Street										
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-S	T-ZIP C:	incinnati, Ohio 45202										
TITLE	DVS	☐ DELETE 3.11		A	S	☐ Change	Addition								
NAME			3.2 NAME	7.:	iermaier, Klaus M.										
STREET ADDRESS			3.3 STREET		West Seventh Street										
CITY-ST-ZIP	CINCINNATI OH 45202		3.4. CITY-\$		incinnati, Ohio 45202										
TITLE	TAS	☐ DELETE	4.1 TITLE	A		Change	X Addition								
NAME	HOGUET, KAREN M.		4.2 NAME		avatsky, Kathleen										
	7 W 7TH STREET		4.3 STREET		West Seventh Street	•									
STREET ADDRESS	CINCINNATI OH		4.4 CITY- ST		incinnati, Ohio 45202										
CITY-ST-ZIP	V	X DELETE	5.1 TITLE	1-21P U.	incimaci, onto 45202	Change	Addition								
TITLE	•	Morreir	5.1 TILE 5.2 NAME			<u> </u>	_								
NAME	SEPPELT, ROBERT C.		5.3 STREET	ADDRESS	-										
STREET ADDRESS	7 W 7TH STREET		5.4 CITY-ST	1											
CITY-ST-ZIP				-211		☐ Change	☐ Addition								
TILE	AS	DELETE 6.1				□ Change									
NAME	COX, JACK B.		6.2 NAME												
STREET ADDRESS	7 W 7TH STREET		6.3 STREET	ADORESS											
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST												
14. I hereby o	entify that the information supplied wit	b this filing does not qualify for the	he exempti	on stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the i	nformation								

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90261 003 *1,800.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

07/11/1995

4. FEI Number

4ZEU34 (11/30)

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(f), Fiorida Statutes. In the certify that if a mindicated on this 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.

Jack B. Cox

SIGNATURE:

ASSIST

Assistant Secretary

1/25/99

(513) 579-7311 Daytime Phone #