

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003071

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: ALLEN-EDMONDS SHOE CORPORATION

## Current Principal Place of Business:

201 E 7 HILLS RD BOX 998  
PORT WASHINGTON, WI 530740998

## New Principal Place of Business:

## Current Mailing Address:

201 E 7 HILLS RD BOX 998  
PORT WASHINGTON, WI 530740998

## New Mailing Address:

FEI Number: 39-0258380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BECK, ABBY  
ALLEN-EDMONDS COMPANY STORE  
SILVER SANDS FACTORY STORE, 5101 HWY 98 E  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

WAGSTAFF, JOHN  
ALLEN-EDMONDS COMPANY STORE  
SILVER SANDS FACTORY STORE, 5101 HWY 98 E  
DESTIN, FL 32541 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN WAGSTAFF

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BIRMINGHAM, MARK  
Address: 201 E SEVEN HILLS RD  
City-St-Zip: PORT WASHINGTON, WI 53074

Title: VPTS ( ) Delete  
Name: SCHAUER, JAY  
Address: 201 E SEVEN HILLS RD  
City-St-Zip: PORT WASHINGTON, WI 53074

Title: VP ( ) Delete  
Name: KASS, JIM  
Address: 201 E SEVEN HILLS RD  
City-St-Zip: PORT WASHINGTON, WI 53074

Title: VP ( ) Delete  
Name: RANCOURT, MICHAEL  
Address: 48 COMMERCIAL ST  
City-St-Zip: LEWISTON, ME 04240

Title: D ( ) Delete  
Name: STOLLENWERK, JOHN  
Address: 201 E SEVEN HILLS RD  
City-St-Zip: PORT WASHINGTON, WI 53074

Title: VPD ( ) Delete  
Name: ISRAEL, MICHAEL  
Address: 90 SOUTH 7TH ST STE 3700  
City-St-Zip: MINNEAPOLIS, MN 55402

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY SCHAUER

VPTS

01/07/2008

Electronic Signature of Signing Officer or Director

Date