

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

DOCUMENT # F99000000830

03-02-2000 90043 001 ***150.00

1. Entity Name
WOLFF SHOE COMPANY

715550



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1705 LARKIN WILLIAM ROAD MO 63026		1705 LARKIN WILLIAM ROAD FENTON MO 63026-2024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	43-0592810	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, GARY	NAME	
STREET ADDRESS	1705 LARKIN WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	FENTON MO	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENSKY, CHARLES	NAME	
STREET ADDRESS	1705 LARKIN WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	FENTON MO	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, WILLIAM	NAME	
STREET ADDRESS	1705 LARKIN WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	FENTON MO	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAY, DOUGLAS P	NAME	
STREET ADDRESS	1705 LARKIN WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	FENTON MO	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, WILLIAM P	NAME	
STREET ADDRESS	1705 LARKIN WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	FENTON MO	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKEN, BERNARD A	NAME	
STREET ADDRESS	500 NORTH BROADWAY, STE 2000	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas P. Bay* **DOUGLAS P. BAY** 2/14/00 (636) 343-7770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)