

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000830

Entity Name: WOLFF SHOE COMPANY

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

1705 LARKIN WILLIAM ROAD  
FENTON, MO 63026

## New Principal Place of Business:

## Current Mailing Address:

1705 LARKIN WILLIAM ROAD  
FENTON, MO 63026

## New Mailing Address:

FEI Number: 43-0592810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOLFF, GARY  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO

Title: VP ( ) Delete  
Name: HALL, DONALD  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO

Title: T ( ) Delete  
Name: ROSHEIM, TIMOTHY M  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO 63026

Title: VPD ( ) Delete  
Name: BAY, DOUGLAS P  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO 63026

Title: CD ( ) Delete  
Name: WOLFF, WILLIAM  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO 63026

Title: D ( ) Delete  
Name: BARKEN, BERNARD A  
Address: 500 NORTH BROADWAY, STE 2000  
City-St-Zip: ST LOUIS, MO 63102

## 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: SECR (X) Change ( ) Addition  
Name: HARTMAN, TRACY L  
Address: 1705 LARKIN WILLIAMS RD  
City-St-Zip: FENTON, MO 63026

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: TRACY HARTMAN

SECR

04/14/2008

Electronic Signature of Signing Officer or Director

Date