

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000000353

1. Entity Name

MAY CARD COMPANY LLC



FILED
03 MAR 25 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

GREAT LAKES DATA CTR.
219 SHEFIELD CENTER
LORAIN OH 44055

Mailing Address

GREAT LAKES DATA CTR.
219 SHEFIELD CENTER
LORAIN OH 44055

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 36-4279079

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
KNIFFEN, JAN R
611 OLIVE STREET
SAINT LOUIS MO 63101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000014672100
03/25/03--01039--002 **\$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DOERR, MARTIN M
611 OLIVE STREET
SAINT LOUIS MO 63101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRICKSON, RICHARD A
611 OLIVE STREET
SAINT LOUIS MO 63101

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Richard A. Brickson, Secretary of the May Department Stores Company (a NY corp.), the sole member of May Card Company LLC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/03

Date

314/342-6423

Daytime Phone #

CR2E083 (10/02)