

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01847 (3)

1. Corporation Name

NINE WEST GROUP INC.

Principal Place of Business

Mailing Address

11333 WESTLINE INDUSTRIAL DRIVE
ATTN: ACCOUNTS PAYABLE
ST LOUIS MO 63146
US

11933 ~~11333~~ WESTLINE IND DR
ST LOUIS MO 63146
US



3. Date Incorporated or Qualified
05/02/1984

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 11933 Westline Ind. Dr.

22 City & State

27 City & State
St. Louis MO

23 Zip

24 Country

28 Zip

29 Country

24 63146 30 St. Louis

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME FISHER, JEROME
STREET ADDRESS 766 HI-MOUNT
CITY, ST, ZIP PALM BEACH FL
☐ DELETE

1. 1 TITLE
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE SD
NAME CAMUTO, VINCENT
STREET ADDRESS 32 CHATEAU RIDGE
CITY, ST, ZIP GREENWICH CT
☐ DELETE

2. 1 TITLE
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE VP
NAME FLORENT, WILLIAM
STREET ADDRESS 1310 WOODFIELD MANOR
CITY, ST, ZIP KIRKWOOD MO
☐ DELETE

3. 1 TITLE
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE S
NAME HOWALD, JEFFREY
STREET ADDRESS 501 RICHLEY DR
CITY, ST, ZIP ST. LOUIS MO
☐ DELETE

4. 1 TITLE
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP
Treasurer ☒ Change ☐ Addition

TITLE TD
NAME FISHER, JEROME
STREET ADDRESS 141 LONG NECK POINT RD
CITY, ST, ZIP DARIEN CT
☒ DELETE

5. 1 TITLE
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE T
NAME BROWN, DAVID
STREET ADDRESS 815 CARMAN OAKS CT
CITY, ST, ZIP MANCHESTER MO
☐ DELETE

6. 1 TITLE
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP
Asst Secretary ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan. 15, 1996 Daytime Phone # 314-578-8922

CR2E034 (12/95)