

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P08428

1. Entity Name
BROWN GROUP RETAIL, INC.



Principal Place of Business
8300 MARYLAND AVE
ST. LOUIS, MO 63105 US

Mailing Address
P.O. BOX 360
ST. LOUIS, MO 63166 US



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1323027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
FROMM, RONALD A
8300 MARYLAND AVENUE
SAINT LOUIS, MO 63105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHUMACHER, RICHARD C
8300 MARYLAND AVE
SAINT LOUIS, MO 63105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
OBERLANDER, MICHAEL I
8300 MARYLAND AVENUE
ST LOUIS, MO 63166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROSEN, ANDREW
8300 MARYLAND AVENUE
ST. LOUIS, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BERBERICH, WILLIAM J.
8300 MARYLAND AVENUE
ST LOUIS, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SULLIVAN, DIANE
8300 MARYLAND AVE.
SAINT LOUIS, MO 63105

000000306333
04/15/05-80012-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

Date

(314) 854-4067

Daytime Phone #