

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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**



04242006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000552782
05/15/06-80025-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	FROMM, RONALD A
STREET ADDRESS	8300 MARYLAND AVENUE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VP
NAME	SCHUMACHER, RICHARD C
STREET ADDRESS	8300 MARYLAND AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VPS
NAME	OBERLANDER, MICHAEL I
STREET ADDRESS	8300 MARYLAND AVENUE
CITY-ST-ZIP	ST LOUIS, MO 63166
TITLE	T
NAME	ROSEN, ANDREW
STREET ADDRESS	8300 MARYLAND AVENUE
CITY-ST-ZIP	ST. LOUIS, MO
TITLE	AS
NAME	BERBERICH, WILLIAM J.
STREET ADDRESS	8300 MARYLAND AVENUE
CITY-ST-ZIP	ST LOUIS, MO
TITLE	P
NAME	SULLIVAN, DIANE
STREET ADDRESS	8300 MARYLAND AVE.
CITY-ST-ZIP	SAINT LOUIS, MO 63105

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. J. Berberich

Date

Daytime Phone #

4/25/06 (314) 854-4067