

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90261 003 *1,800.00

DOCUMENT # P12658

1. Corporation Name

ALLIED STORES GENERAL REAL ESTATE COMPANY

Principal Place of Business

C/O FEDERATED DEPARTMENT STORES INC.
7 WEST 7TH ST.
CINCINNATI OH 45202
US

Mailing Address

C/O FEDERATED CORPORATE SERVICES INC
7 WEST 7TH ST.
CINCINNATI OH 45202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1986

4. FEI Number

51-0297086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

TITLE

P

NAME

TYSOE, RONALD

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

TITLE

VSD

NAME

SIMS, JOHN R.

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

TITLE

V

NAME

SEPPELT, ROBERT C

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

TITLE

DV

NAME

BRODERICK, DENNIS J.

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

TITLE

TAS

NAME

HOGUET, KAREN M

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

TITLE

AS

NAME

COX, JACK B.

STREET ADDRESS

7 WEST 7TH ST.

CITY-ST-ZIP

CINCINNATI OH

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

☐ Change

☒ Addition

1.2 NAME

Gary J. Nay

1.3 STREET ADDRESS

7 West 7th Street

1.4 CITY-ST-ZIP

Cincinnati, Ohio 45202

2.1 TITLE

V

☐ Change

☒ Addition

2.2 NAME

Neal J. Glueck

2.3 STREET ADDRESS

7 West 7th Street

2.4 CITY-ST-ZIP

Cincinnati, Ohio 45202

3.1 TITLE

AS

☐ Change

☒ Addition

3.2 NAME

Gwyneth G. Stewart

3.3 STREET ADDRESS

7 West 7th Street

3.4 CITY-ST-ZIP

Cincinnati, Ohio 45202

4.1 TITLE

AS

☐ Change

☒ Addition

4.2 NAME

Kathleen Zavatsky

4.3 STREET ADDRESS

7 West 7th Street

4.4 CITY-ST-ZIP

Cincinnati, Ohio 45202

5.1 TITLE

AS

☐ Change

☒ Addition

5.2 NAME

Klaus M. Ziermaier

5.3 STREET ADDRESS

7 West 7th Street

5.4 CITY-ST-ZIP

Cincinnati, Ohio 45202

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Cox
Assistant Secretary

1/25/99

(513) 579-7311

Date

Daytime Phone #

CR2E034 (1/98)