


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90545 001 *2,400.00

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DOCUMENT # P12658					
1. Entity 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		
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 51-0297086	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TYSOE, RONALD		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARIAPPA, PADMA T		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, GWYNETH G		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODERICK, DENNIS J.		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGUET, KAREN M		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, JACK B.		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
12. 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 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: <i>Jack B Cox</i>		Jack B. Cox, Assistant Secretary		4/15/04 (513)579-7311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

