

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P16223 (0)

1. Corporation Name

THE NEIMAN-MARCUS GROUP, INC.

Principal Place of Business

27 BOYLSTON STREET
CHESTNUT HILL MA 02167

Mailing Address

27 BOYLSTON STREET
CHESTNUT HILL MA 02167



3. Date Incorporated or Qualified

10/02/1987

3a. Date of Last Report

04/18/1995

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

4. FEI Number

95-4119509

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS ☐ DELETE

NAME GELLER, ERIC P.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE PD ☐ DELETE

NAME TARR, ROBERT J.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE DC ☐ DELETE

NAME SMITH, RICHARD A.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE VT ☐ DELETE

NAME GIBBONS, PAUL F.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE SVPC ☐ DELETE

NAME COOK, JOHN R.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE VC ☐ DELETE

NAME RICHARDS, STEPHEN C.
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. Gibbons

4-12-96

Date

617-272-8200

Daytime Phone #

CR2E034 (12/95)