

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16223

1. Entity Name

THE NEIMAN-MARCUS GROUP, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90124 036 ***150.00

Principal Place of Business

Mailing Address

BOYLSTON STREET
CHESTNUT HILL MA 02167

27 BOYLSTON STREET
CHESTNUT HILL MA 02467-1719

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

95-4119509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AVPT ☐ Delete
NAME SHAREK, SCOTT
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA 02467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SMITH, ROBERT A
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE D/ceo ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE CFO/svp ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE P ☐ Change ☒ Addition
NAME Burton M. Tansky
STREET ADDRESS 27 Boylston St
CITY-ST-ZIP Chestnut Hill, MA

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

SIGNATURE:

NOTARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(617) 732-8200

CR2E034 (9/99)