2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P16223

1. Entity Name

THE NEIMAN-MARCUS GROUP, INC.



Principal Place of Business

1201 ELM STREET, STE. 2800 ATTN: TAX DEPT. DALLAS, TX 75270 Mailing Address

1201 ELM ST STE 2800

DALLAS, TX 75270

FILED Apr 21, 2004 08:00 AM - Secretary of State



04142004

No Chg-P

CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

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 tamiliar 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, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 100000123524 04/22/04-80008-609 150.00

OFFICERS AND DIRECTORS 10. VPTA HILE JOHNSON, CRAIG NAME STREET ADDRESS 1201 ELM ST., STE 2800 DALLAS, TX 75270 CITY-ST-ZIP DVC THEE SMITH, ROBERT A NAME 3 NEWTON EXECUTIVE PARK, STE 304 STREET ADDRESS CATY-ST-ZIP NEWTON, MA 02462 317LE SMITH, RICHARD A NAME STREET ADDRESS 3 NEWTON EXECUTIVE PARK, STE 304 NEWTON, MA 02462 CITY-ST-ZIP 33TEE SVP BANGS, NELSON A NAME STREET ADDRESS 1618 MAIN ST C37Y - ST - ZIP DALLAS, TX 75201 TITLE **CFOV** SKINNER, JAMES E NAME STREET ADORESS **1618 MAIN ST DALLAS, TX 75201** CITY -ST-ZIP TITLE CEOP TANSKY, BURTON M NAME 1618 MAIN ST STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75201

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage and that my signature shall have the same legal effect as if made under oals; that I am an officer or director of the corporation or the receiver for 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(214)757-2960

Daytime