

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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**



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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 familiar 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPTA
JOHNSON, CRAIG
1201 ELM ST., STE 2800
DALLAS, TX 75270**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVC
SMITH, ROBERT A
3 NEWTON EXECUTIVE PARK, STE 304
NEWTON, MA 02462**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DC
SMITH, RICHARD A
3 NEWTON EXECUTIVE PARK, STE 304
NEWTON, MA 02462**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SVP
BANGS, NELSON A
1618 MAIN ST
DALLAS, TX 75201**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CFOV
SKINNER, JAMES E
1618 MAIN ST
DALLAS, TX 75201**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CEOP
TANSKY, BURTON M
1618 MAIN ST
DALLAS, TX 75201**

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04/06/05-80079-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig Johnson 3/29/05