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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90080 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19237

1. Corporation Name
SPECIALTY DEPARTMENT STORES, INC.

Principal Place of Business

6251 CROOKED CREEK RD
NORCROSS GA 30092

Mailing Address

6251 CROOKED CREEK RD
NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1988

4. FEI Number

58-1760404

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRENNINKMEYER, LOUIS	
STREET ADDRESS	6251 CROOKED CREEK RD	
CITY-ST-ZIP	NORCROSS GA	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BREININ, BARTLEY J	
STREET ADDRESS	1114 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PAINTER, JAMES R	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNINKMEYER, ROLAND M.	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAINTER, JAMES R	
STREET ADDRESS	1114 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	TEDESCHI, WILLIAM P.	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	Allex, Kenneth R.
3.4 CITY-ST-ZIP	1114 Avenue of the Americas New York, NY 10036

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Corcoran, Kevin
5.4 CITY-ST-ZIP	6251 Crooked Creek Road Norcross, GA 30092

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	6251 Crooked Creek Road
6.4 CITY-ST-ZIP	Norcross, GA 30092

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Tedeschi Assistant Secretary

04/27/99

Date

Daytime Phone #

CR2E034 (11/98)