


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90032 021 \*\*\*150.00

DOCUMENT # P31642 1. Entity Name FOOT LOCKER PACIFIC HOLDINGS, INC.	
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Principal Place of Business 3543 SIMPSON FERRY ROAD CAMP HILL, PA 17011	Mailing Address 3543 SIMPSON FERRY ROAD CAMP HILL, PA 17011
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DO NOT WRITE IN THIS SPACE

40000000



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-1890554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HARTMAN, BRUCE L <del>VENATOR GROUP, INC., 233 BROADWAY</del> 112 W 34th St NEW YORK, NY 10279 10/20
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCHUGH, ROBERT W <del>VENATOR GROUP, INC., 233 BROADWAY</del> 112 W 34th St NEW YORK, NY 10279 10/20
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, GARY H Peter <del>VENATOR GROUP, INC., 233 BROADWAY</del> 112 W 34th St NEW YORK, NY 10279 10/20
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, SHEILAGH 112 W 34TH ST NY, NY 10120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: Sheilagh Clarke 1/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_