

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Metham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:12

DOCUMENT # **P36245** (9)

1. Corporation Name
MACY'S CLOSE-OUT CORP.

Principal Place of Business Mailing Address
ATTN: SECRETARY
151 WEST 34TH STREET
NEW YORK NY 10001
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33323
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated / Changed	3a. Date of Last Report
21 Federated Dept. Stores, Inc.		21 Federated Dept. Stores, Inc.		11/08/1991	12/19/94
22 7 West Seventh Street		22 7 West Seventh Street		4. FEI Number	Applied For
23 Cincinnati, Ohio		23 Cincinnati, Ohio		13-3633369	Not Applicable
24 45202		24 45202		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent Signature required when necessary) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLMAN, MYRON E III	12 NAME	James M. Zimmerman
STREET ADDRESS	151 WEST 34TH STREET	13 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	PD	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENBERG, EDWARD J	22 NAME	Dennis J. Broderick
STREET ADDRESS	313 WATERLOO VALLEY RD.	23 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	MT. OLIVE NJ	24 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	SVP	31 TITLE	SDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DIANE PRICE	32 NAME	John R. Sims
STREET ADDRESS	151 WEST 34TH STREET	33 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	STDV	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE, DONALD	42 NAME	DELETE DONALD EUGENE
STREET ADDRESS	151 W. 34TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	SVD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMAN, HERBERT M.	52 NAME	DELETE HERBERT M. HELLMAN
STREET ADDRESS	151 WEST 34TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Jack B. Cox
STREET ADDRESS		63 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP		64 CITY-ST-ZIP	Cincinnati, OH 45202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), 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.

SIGNATURE: *Jack B. Cox* Jack B. Cox Assistant Secretary 2/3/95 513/579-7311