

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38157 (4)

1. Corporation Name
BURDINES, INC.

Principal Place of Business

C/O FEDERATED DEPARTMENT STORES, INC.
7 WEST SEVENTH ST.
CINCINNATI OH 45202
US

Mailing Address

C/O FEDERATED DEPARTMENT STORES, INC.
7 WEST SEVENTH ST.
CINCINNATI OH 45202-2424
US



3. Date Incorporated or Qualified
04/02/1992

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

31-1239818

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	P	DELETE
NAME	SOCOL, HOWARD	
STREET ADDRESS	7 WEST 7TH STREET	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	VD	DELETE
NAME	BRODERICK, DENNIS J.	
STREET ADDRESS	7 WEST 7TH STREET	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	VSD	DELETE
NAME	SIMS, JOHN R.	
STREET ADDRESS	7 WEST 7TH ST.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	V	DELETE
NAME	SEPPELT, ROBERT C.	
STREET ADDRESS	7 WEST 7TH STREET	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	TAS	DELETE
NAME	HOGUET, KAREN M.	
STREET ADDRESS	7 WEST 7TH STREET	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	AS	DELETE
NAME	ZIERMAIER, KLAUS M.	
STREET ADDRESS	7 WEST 7TH STREET	
CITY - ST - ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME	Nay, Gary		
1.3 STREET ADDRESS	7 West 7th Street		
1.4 CITY - ST - ZIP	Cincinnati, OH		
2.1 TITLE	AS	Change	Addition
2.2 NAME	Cox, Jack		
2.3 STREET ADDRESS	7 West 7th Street		
2.4 CITY - ST - ZIP	Cincinnati, OH		
3.1 TITLE	AS	Change	Addition
3.2 NAME	Stewart, Gwyneth		
3.3 STREET ADDRESS	7 West 7th Street		
3.4 CITY - ST - ZIP	Cincinnati, OH		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: Jack B. Cox, Assistant Secretary 2/11/97 513-579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)