

**** Amended ****
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03

FILED

03 OCT 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38157

1. Entity Name
Burdines, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o Federated Dept. Stores, Inc. Suite, Apt. #, etc.		c/o Federated Corp. Svcs, Inc. Suite, Apt. #, etc.	
7 West Seventh St. City & State		7 West Seventh St. City & State	
Cincinnati, Ohio		Cincinnati, Ohio	
Zip	Country	Zip	Country
45202		45202	

DO NOT WRITE IN THIS SPACE

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4. FEI Number 31-1239818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	Zip Code FL 32301

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	TITLE	NAME
	D Belsky, Joel		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
	VD Broderick, Dennis J.		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
	S Cariappa, Padma T.		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
	V Mays, Bradley R.		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
	AS Cox, Jack B.		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
	AS Ziermaier, Klaus M.		
STREET ADDRESS	7 West 7th Street	STREET ADDRESS	
CITY - ST - ZIP	Cincinnati, Ohio 45202	CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack B. Cox **Jack B. Cox, Asst. Secy.** 10/1/03 (513) 579-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

10/1/03