


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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39844 (6) 1. Corporation Name L.J. O'NEILL SHOE CO.					
Principal Place of Business 200 N LASALLE ST CHICAGO IL 60601 US			Mailing Address 200 N LASALLE STREET CHICAGO IL 60606 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 43-0612540	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST, STE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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	PD	<input type="checkbox"/> DELETE			
NAME	CAMPBELL, CHARLES J.				
STREET ADDRESS	200 N LASALLE ST				
CITY-ST-ZIP	CHICAGO IL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	LATHAM, K. N.				
STREET ADDRESS	200 N LASALLE STREET				
CITY-ST-ZIP	CHICAGO IL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	POGGENSEE, T.E.				
STREET ADDRESS	200 N LASALLE ST				
CITY-ST-ZIP	CHICAGO IL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GROSS, MICHAEL S				
STREET ADDRESS	1301 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARRIS, J. J				
STREET ADDRESS	1301 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK NY				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	LOYND, RICHARD B				
STREET ADDRESS	101 S. HANLEY ROAD				
CITY-ST-ZIP	ST. LOUIS MI				
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 checked="" type="checkbox"/> Addition				
2.2 NAME	VP				
2.3 STREET ADDRESS	ANGLIN R.J.				
2.4 CITY-ST-ZIP	200 N LASALLE ST CHICAGO IL 60601				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	D				
6.3 STREET ADDRESS	HANNAN J.J.				
6.4 CITY-ST-ZIP	1301 AVENUE OF THE AMERICAS NEW YORK NY 10019				

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.

CR2E034 (10/97)