FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40334** **(5)**

1. Corporation Name
LICHTERMAN BROTHERS SHOE COMPANY

Principal Place of Business	Mailing Address
SPIEGEL OUTLET SHOE DEPT 12801 W SUNRISE BLVD SUNRISE FL 33323 US	P. O. BOX 94 MEMPHIS TN 38101-0094 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/03/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **62-1322598** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 Mike Bayless 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	CEO	☑ Change ☐ Addition
NAME	LICHTERMAN, BARRY	1.2 NAME	BARRY LICHTERMAN	
STREET ADDRESS	712 E. H. CRUMP BLVD.	1.3 STREET ADDRESS	712 E. H. CRUMP	
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	MEMPHIS, TN 38126	
TITLE	STD	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	LICHTERMAN, HERBERT H,JR	2.2 NAME	H.H. LICHTERMAN, JR.	
STREET ADDRESS	712 E. H. CRUMP BLVD.	2.3 STREET ADDRESS	712 E. H. CRUMP	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	MEMPHIS, TN 38126	
TITLE	VD	3.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	LICHTERMAN, IRA	3.2 NAME	IRA LICHTERMAN	
STREET ADDRESS	712 E. H. CRUMP BLVD.	3.3 STREET ADDRESS	712 E. H. CRUMP	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	MEMPHIS, TN 38126	
TITLE		4.1 TITLE	SEC/TREAS.	☐ Change ☑ Addition
NAME		4.2 NAME	MIKE BAYLESS	
STREET ADDRESS		4.3 STREET ADDRESS	712 E. H. CRUMP	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MEMPHIS, TN 38126	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: Mike Bayless 4/27/95 901 774 8420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476044 FP