2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80 - 0286 ANROS

closed: 4/21/04 DOCUMENT # P94000054370 1. Entity Name EDISON MALL FOOTACTION, INC. 05 FEB 24 PM 2: 31 SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4125 CLEVELAND AVE PO BOX 141269 7880 BENT BRANCH DRIVE, SUITE 100 IRVING TX 75014-1269 #130B FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE\_ CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0505445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Addition Detete TITLE Change PRESIDENT NAME NEVILLE, SHAWN R NAME Maureen Richards 24 B OLD FARM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DARIAN CT 02820 CITY-ST-7IP 933 MacARTHUR BLVD., MAHWAH, NJ 07430 TULLE TD ☐ Delete TITLE □ Сћапре Addition NAME APPLBAUM, LEE D MAME STREET ADDRESS 279 SPRING VALLEY RD. STREET ADDRESS CITY-ST-ZIP PARK RIDGE NJ 07650 CITY-ST-ZIP TITLE VP/S □ Delete TITLE ☐ Change Addition LYNCH, MICHAEL MAME 100047306921-STREET ADDRESS 122 PASADENA PLACE STREET ADDRESS 02/25/05--01044--009 CITY-ST-7/P HAWTHORNE NJ 7506 CITY-ST-ZIP \*\*150.00 TITLE ☐ Detete TITLE ☐ Change ☐ Addition WILSON, MARY BETH NAME NAME 3201 W. ROYAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP IRVING TX 75063 CITY-ST-7IE ☐ Detete TITLE Addition GALANTE, ANDREA NAME NAME 1220 OXFORD LN. STREET ADDRESS STREET ADDRESS **GRAPEVINE TX 76051** CITY-ST-7IP CITY-ST-ZIP VICE PRESIDENT TITLE Delete THE Change Addition NEVILLE, SHAWN R NAME MAME 24 B OLD FARM RD. STREET ADDRESS STREET ADDRESS Timothy Garahan DARIEN CT 06820 CITY-ST-ZIP CITY- \$1-7IP 67 MILLBROOK ST., WORCESTER, MA 01606

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHYGARAHAN

Daytime Phone #