

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

APPROVED  
AND  
FILED

98 MAY -1 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 835627 (1)**

1. Corporation Name  
**GCO PROPERTIES, INC.**



Principal Place of Business <b>1415 MURFREESBORO RD STE 212 NASHVILLE TN 37202 US</b>	Mailing Address <b>1415 MURFREESBORO RD STE 212 NASHVILLE TN 37202 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>12/22/1975</b>	
4. FEI Number <b>62-0934741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name <b>Corporation Service Company</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>
83 [ ]
84 City <b>Tallahassee</b>
85 State <b>FL</b>
86 Zip Code <b>32309-2525</b>

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 *K. Deborah D. Skipper as agent* DATE **5-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GULMI, J S</b>	1.2 NAME	<b>100002517721-2</b>
STREET ADDRESS	<b>2519 RIDGEWOOD DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE, TN 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, ROGER G</b>	2.2 NAME	
STREET ADDRESS	<b>1504 WOODMONT BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKERSON, WILLIAM C</b>	3.2 NAME	
STREET ADDRESS	<b>44 BENZING RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANTIOCH TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, BEN</b>	4.2 NAME	
STREET ADDRESS	<b>1415 MURFREESBORO RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Signature: *A. Alan* 5/1/98

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.

William C. Hickerson *4/23/98* (615) 367-8311

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 811954 5051525

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : ~~150.00~~ 150.00

ORDER DATE : May 8, 1998

ORDER TIME : 10:33 AM

ORDER NO. : 811954-005

CUSTOMER NO: 5051525

CUSTOMER: Ms. Karen Kilian  
Genesco Inc.  
P.o. Box 17

Nashville, TN 37202-0017

ANNUAL REPORT FILING

NAME: GCO PROPERTIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

*A. Alan*  
*5/8/98*

**RESUBMIT**  
Please give original  
submission date as file date.  
DIVISION OF CORPORATION  
98 MAY -8 PM 2:44  
RECEIVED