

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90028 048 ***150.00

DOCUMENT # F99000003014

1. Entity Name
WEISS AND NEUMAN SHOE CO.
BAKERS FOOTWEAR GROUP, INC.

Principal Place of Business Mailing Address
2815 SCOTT AVE **2815 SCOTT AVE**
ST. LOUIS MO 63103 **ST. LOUIS MO 63103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **43-0577980** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDISON, PETER A	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPANLEY, LAWRENCE L	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDISON, PETER A	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE A. BERGERAC	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO. 63103	
TITLE	CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER A. EDISON	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lawrence L. Stanley, Jr.* **LAWRENCE L. STANLEY, JR.** 4/16/01 (314) 631-0699 x 204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)