

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004538

1. Entity Name
AE STORES COMPANY

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90194 040 ***150.00

Principal Place of Business 150 THORN HILL DRIVE WARRENDALE PA 15086	Mailing Address 150 THORN HILL DRIVE WARRENDALE PA 15086-7528
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 25-1724320	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARKFIELD, ROGER	
STREET ADDRESS	150 THORN HILL DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TAIT, WILLIAM	
STREET ADDRESS	150 THORN HILL DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLIFTON, DALE E	
STREET ADDRESS	150 THORN HILL DRIVE	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOTTENSTEIN, JAY	
STREET ADDRESS	1800 MOLER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOTTENSTEIN, SAUL	
STREET ADDRESS	1800 MOLER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KETTELER, THOMAS	
STREET ADDRESS	1800 MOLER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Weil	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale, PA 15086	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Kolber	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale, PA 15086	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Markfield	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale, PA 15086	
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: William P. Tait Secretary/Treasurer Date: _____ Daytime Phone #: (724) 776-4857

CR2E034 (9/99)