

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 12/06

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR. 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I law (R.I.G.L. 7-1.2-1501(d	I.G.L. 7-1.2-1501(e), each (c&d)) is subject to a pena	corporation failing or ref ulty fee of \$25.00.	using to file its annual report t	vithin thirty (30) days after	r the time prescribed by						
1. Corporate ID No. 74573	2. Name of Corpor Foot Locker										
3. Street Address Principal B 112 W. 34th St	Street Address Principal Business Office 12 W. 34th St		City NY	State NY	7 <i>ip</i> 10120						
1. Business Phone No. 5. State of Incorpora 717-972-3098			ion								
Retail Stores	baracter of Business Conducted										
President Name	RESSES OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) THLL IN S Vice President Name Robert McHugh	PACES BEFORE USING /	ATTACHMENTS						
Richard Mina Street Address			Street Address								
112 W. 34th St			112 W. 34th ST								
City NY	State NY	プル 10120	NY	State NY	10120						
Secretary Name Sheilagh Clarke			Treasurer Name John Maurer								
Street Address 112 W. 34th St			Street Address 112 W. 34th St								
City NY	State NY	Zip 10120	City NY	State NY	Zip 10120						
8. NAMES AND ADDI	RESSES OF THE DIREC	CTORS: ("X" BOX FOR		SPACES BEFORE USING	G ATTACHMENTS						
Director Name Peter Brown			Director Name Robert McHugh								
Street Address			Street Address 112 W. 34th ST								
112 W. 34th St			: 112 VV. 34(11 S1								
City: NY	NY NY	10120	NY	NY	10120						
Director Name			Director Name								
Richard Mina			Street Address								
Street Address 112 W. 34th St			Sirver zharess								
Сіцу	State	Zib	Сйу	State	Zip						
NY	NY	10120	***************************************		UNICENTED [
9. SHARES AUTHOR: AUTHORIZED SHARES	IZED ("X" BOX FOR A	ATTACHMENT) [("X" BOX FOR ATTACE CTION MUST BE COMPLETED							
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value						
1,000 COMM \$1.00 Par Value			1	Common	1.00						
This report must be e	executed on behalf of the	e corporation by an auth	norized representative. If the	corporation is in the hand	s of a receiver or trustee,						
inis report must be ex	recuted on benan of the	corporation by the rece	gver th musice.								
L			Under penalty of	perjury, I declare and affirm	that I have examined this rep						
				companying schedules and st are true and correct.	atements, and that all statem						
F	FILED		6. L		11/1/02						
Check No. DEC 03 2007			Signature Sheilagh Clarke Print or Type Name								
						By: By	CHOCO 10		0		

Secretary

Title