FORM B10 (Official Form 10) (Rev. 4/98)

United States Bankruptcy Court **SOUTHERN DISTRICT OF TEXAS P.O.Box 61288, Houston TX 77208** **(Houston Division)**

PROOF OF CLAIM

Name of Debtors:

____**Stage Stores, Inc., a Delaware corporation**
____**Specialty Retailers, Inc., a Texas corporation**
____**Specialty Retailers, Inc. (NV), a Nevada corporation**

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
00-35079-H2-11
00-35080-H2-11

Creditor ID#: 788-51398

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Reebok/Haddad Apparel

__ **Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.**

Name and address where notices should be sent:

**********AUTO**ALL FOR AADC 07099
Reebok/Haddad Apparel
90 E 5th St
Bayonne NJ 07002-4261

__**Check box if you have never received any notices from the bankruptcy court in this case**

__ **Check box if the address differs from the address on the envelope sent to you by the court.**

United States District Court
Southern District of Texas
FILED
AUG 11 2000
Michael N. Milby, Clerk

Account or other number by which creditor identifies debtor:

Check here if this claim __ replaces __ amends a previously filed claim, dated: _____

1. Basis for Claim

XX Goods sold
__ Services performed
__ Money loaned
__ Personal injury/wrongful death
__ Taxes
__ Other_____

__ Retiree benefits as defined in 11 U.S.C. § 1114(a)
__ Wages, salaries, and compensation (Fill out below)

Your SS#: _____ - _____ - _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: VARIOUS

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 77,873.93

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

__ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

__ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
__ Real Estate __ Motor Vehicle
__ Other All personal and intangible property of Debtor's Estate

Value of Collateral: $ ____

Amount of arrearage and other charges at time case filed included in secured claim, if any $ _____

6. Unsecured Priority Claim.

__Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim:

__ Wages, salaries, or commissions (up to $4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
__ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
__ Up to $1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
__ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
__ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
__ Other – Specify applicable paragraph of 11 U.S.C. § 507(a-____).

**Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space Is for Court Use Only

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

001399

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

68700-001\DOCS_LA:12578.1

HADDAD

THE HADDAD APPAREL GROUP, LTD.

90 East 5th Street
Bayonne, NJ 07002-4299
Tel: 201-339-2424
Fax: 201-339-2525
E-Mail: bayonne@haddad.com

STATEMENT			ACCOUNT NO.
MO	DAY	YR	
07	31	00	S646M

SPECIALTY RET 6/1/2000
P. O. BOX 20768
HOUSTON TX 77225

REEBOK

DATE MO DAY YR	INVOICE NUMBER	STORE NUMBER	CODE	TERMS	DUE DATE	AMOUNT
02 16 99	9454833		C	NET 30	2/16/99	200.00
02 16 99	9454835		C	NET 30	2/16/99	200.00
05 21 99	9460170		C	NET 30	5/21/99	450.00
05 21 99	9460172		C	NET 30	5/21/99	300.00
06 14 99	9460970		C	NET 30	6/14/99	450.00
06 14 99	9460971		C	NET 30	6/14/99	450.00
06 14 99	9460972		C	NET 30	6/14/99	450.00
06 14 99	9460973		C	NET 30	6/14/99	450.00
06 14 99	9460976		C	NET 30	6/14/99	450.00
07 12 99	9462324		C	NET 30	7/12/99	468.72
07 12 99	9462329		C	NET 30	7/12/99	859.00
07 12 99	9462330		C	NET 30	7/12/99	450.00
08 19 99	9464164		C	NET 30	8/19/99	200.00
08 19 99	9464165		C	NET 30	8/19/99	450.00
08 19 99	9464166		C	NET 30	8/19/99	993.60
08 19 99	9464169		C	NET 30	8/19/99	450.00
10 08 99	9466721		C	NET 30	10/08/99	612.00
10 12 99	9466942		C	NET 30	10/12/99	513.00
10 12 99	9466944		C	NET 30	10/12/99	450.00
11 19 99	9469857		C	NET 30	11/19/99	617.22
11 19 99	9469870		C	NET 30	11/19/99	266.50
11 19 99	9469871		C	NET 30	11/19/99	576.00
11 19 99	9469872		C	NET 30	11/19/99	1336.50
12 09 99	9470875		C	NET 30	12/09/99	450.00
12 09 99	9470876		C	NET 30	12/09/99	450.00
12 09 99	9470877		C	NET 30	12/09/99	504.00
12 09 99	9470878		C	NET 30	12/09/99	180.00
12 09 99	9470879		C	NET 30	12/09/99	504.00
12 09 99	9470884		C	NET 30	12/09/99	464.00
12 13 99	9471217		C	NET 30	12/13/99	250.00
12 13 99	9471218		C	NET 30	12/13/99	450.00
12 13 99	9471219		C	NET 30	12/13/99	450.00
12 13 99	9471221		C	NET 30	12/13/99	1176.00
12 13 99	9471223		C	NET 30	12/13/99	612.00
01 12 00	9472896		C	NET 30	1/12/00	1275.00
01 31 00	9473700		C	NET 30	1/31/00	600.00
03 10 00	9475381		C	NET 30	3/10/00	360.00
03 10 00	9475382		C	NET 30	3/10/00	837.00

*** CONTINUED ***

FORM BAY-1000

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STATEMENT			ACCOUNT NO.
MO	DAY	YR	
07	31	00	S646M

SPECIALTY RET 6/1/2000
P. O. BOX 20768
HOUSTON TX 77225

REEBOK

DATE MO DAY YR	INVOICE NUMBER	STORE NUMBER	CODE	TERMS	DUE DATE	AMOUNT
03 30 00	9476499		C	NET 30	3/30/00	450.00
03 30 00	9476500		C	NET 30	3/30/00	300.00
03 30 00	9476502		C	NET 30	3/30/00	528.39
04 13 00	9477034		C	NET 30	4/13/00	1189.80
04 13 00	9477035		C	NET 30	4/13/00	1189.80
04 13 00	9477036		C	NET 30	4/13/00	104.64
04 28 00	9477932		C	NET 30	4/28/00	698.76
04 28 00	9477933		C	NET 30	4/28/00	450.00
04 28 00	9477934		C	NET 30	4/28/00	450.00
05 17 00	9478921		C	NET 30	5/17/00	1164.00
04 27 00	1842510	601	I	NET 30	5/27/00	7200.00
04 27 00	1842513	601	I	NET 30	5/27/00	7200.00
04 27 00	1842514	601	I	NET 30	5/27/00	912.00
04 27 00	1842518	601	I	NET 30	5/27/00	15102.00
05 04 00	1842600	601	I	NET 30	6/04/00	10062.00
04 03 00	1842101	602	I	NET 30	5/03/00	240.00
04 03 00	1842117	602	I	NET 10 EOM.	5/10/00	1188.00
04 27 00	1842511	602	I	NET 10 EOM.	6/10/00	3300.00
04 27 00	1842512	602	I	NET 10 EOM.	6/10/00	4884.00
04 27 00	1842515	602	I	NET 10 EOM.	6/10/00	1056.00
					DIVISION TOTAL:	77873.93

OVER 90	60 - 90	30 - 60	CURRENT	TOTAL
112884.00	108190.00		72395.91	293469.91

FORM BAY-1000