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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853590 (8)

1. Corporation Name
LANE BRYANT, INC.

Principal Place of Business	Mailing Address
5 LIMITED PARKWAY EAST REYNOLDSBURG OH 43068	5 LIMITED PARKWAY EAST REYNOLDSBURG OH 43068-5300

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

3. Date Incorporated or Qualified: 07/29/1982
3a. Date of Last Report: 05/21/1996
4. FEI Number: 13-3118358 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	DEAN, JILL	
STREET ADDRESS	5 LIMITED PARKWAY EAST	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VS	☐ DELETE
NAME	LYONS, TIMOTHY	
STREET ADDRESS	1 LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T	☐ DELETE
NAME	HECTORNE, PATRICK	
STREET ADDRESS	1 LIMITED PKWY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	EVP	☒ DELETE
NAME	ERDOS, BARRY	
STREET ADDRESS	5 LIMITED PARKWAY E	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE	D/S	☒ Change ☐ Addition
2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	3 Limited Parkway Columbus Ohio 43230	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	3 Limited Parkway Columbus Ohio 43230	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Kenneth Gilman 3 Limited Parkway E Columbus Ohio 43230	
6.1 TITLE	VP Finance	☐ Change ☒ Addition
6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Michael Wood 5 Limited Parkway Reynoldsburg, OH 43068	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] OFFICER