

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P30142**

(4)

1. Corporation Name

LIMITED STORE PLANNING, INC.



Principal Place of Business

**THREE LIMITED PARKWAY
COLUMBUS OH 43230
US**

Mailing Address

**P O BOX 16000
COLUMBUS OH 43216
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
02/28/1995

4. FEI Number

31-1301070

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

10. Name and Address of New Registered Agent

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

Signature (typed or printed name of registered agent and the corporation)

Signature (typed or printed name of registered agent and the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HINSON, CHARLES W.	
STREET ADDRESS	THREE LIMITED PARKWAY	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	V	☒ DELETE
NAME	WILKIE, ROGER W	
STREET ADDRESS	THREE LIMITED PARKWAY	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	SD	☐ DELETE
NAME	LYONS, TIMOTHY B.	
STREET ADDRESS	THREE LIMITED PARKWAY	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	T	☐ DELETE
NAME	HECTORNE, PATRICK	
STREET ADDRESS	THREE LIMITED PARKWAY	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	D	☐ DELETE
NAME	GILMAN, KENNETH B.	
STREET ADDRESS	THREE LIMITED PARKWAY	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	V DENNIS MANSFIELD
2.3 STREET ADDRESS	THREE LIMITED PARKWAY
2.4 CITY-STATE-ZIP	COLUMBUS, OH 43230
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

D Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

614-479-7000

CR2E034 (12/95)