

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:04

DOCUMENT # **854963** (6)

1. Corporation Name
THE LIMITED LONDON-PARIS-NEW YORK, INC.

Principal Place of Business Mailing Address
3 LIMITED PARKWAY P.O. BOX 16528 COLUMBUS OH 43216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **31-1022954** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 title if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LYONS, TIMOTHY B**
STREET ADDRESS **3 LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **D**
NAME **GILMAN, KENNETH**
STREET ADDRESS **3 LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **P**
NAME **WEISS, MICHAEL**
STREET ADDRESS **3 LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

3.1 TITLE Change Addition
3.2 NAME **Cheryl N. Turpin**
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE **V**
NAME **SCHULTZE, SCOTT**
STREET ADDRESS **3 LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE **SD**
NAME **LYONS, TIMOTHY B.**
STREET ADDRESS **THREE LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE **T**
NAME **HECTORNE, PATRICK**
STREET ADDRESS **3 LIMITED PARKWAY**
CITY, ST, ZIP **COLUMBUS OH**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, 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(9)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached addendum.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott R. Schultz, CFO/EVP **614-477-2000**
DATE **5/23/95**