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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854963**

1. Corporation Name
THE LIMITED STORES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/14/1982

2. Principal Place of Business
21: P.O. Box 182672
22: Suite, Apt. #, etc.
23: City & State
24: Zip 43218 — 25: Country

2a. Mailing Address
26: P.O. Box 182672
27: Suite, Apt. #, etc. ATTN: Tax Dept.
28: City & State
29: Zip 43218 — 30: Country

4. FEI Number: 31-1022954 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, TIMOTHY B		1.2 NAME		
STREET ADDRESS	3 LIMITED PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILMAN, KENNETH		2.2 NAME		
STREET ADDRESS	3 LIMITED PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERNARD, ROBERT		3.2 NAME		
STREET ADDRESS	3 LIMITED PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43230		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZE, SCOTT		4.2 NAME		
STREET ADDRESS	3 LIMITED PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, TIMOTHY B.		5.2 NAME		
STREET ADDRESS	THREE LIMITED PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HECTORNE, PATRICK		6.2 NAME		
STREET ADDRESS	3 LIMITED PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: X [signature] USE Heather R. Schultze 2/22/99 614-415-2518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #