

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90146 016 ***150.00

0606317 AT

DOCUMENT # 854963

1. Entity Name
THE LIMITED STORES, INC.

Principal Place of Business

P.O. BOX 182672
 COLUMBUS OH 43218
 US

Mailing Address

P.O. BOX 182672
 COLUMBUS OH 43218
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

same

City & State

City & State

4. FEI Number

31-1022954

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *N/A*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, TIMOTHY B 3 LIMITED PARKWAY COLUMBUS OH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, KENNETH 3 LIMITED PARKWAY COLUMBUS OH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD, ROBERT 3 LIMITED PARKWAY COLUMBUS OH 43230	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO TRIPATHY, NIRMAL K 3 LIMITED PARKWAY COLUMBUS OH 43230	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, TIMOTHY B. THREE LIMITED PARKWAY COLUMBUS OH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECTORNE, PATRICK 3 LIMITED PARKWAY COLUMBUS OH	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sam Fried 3 Limited Pkwy Cols OH 43230	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tim Faber 3 Limited Pkwy Cols OH 43230	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Diane Holtz 3 Limited Pkwy Cols OH 43230	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ann Hailey 3 Limited Pkwy Cols. OH 43230	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02

Date

614-415-2504

Daytime Phone #

CR2E034 (9/01)