2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90020 018 ***150.00

DOCUMENT # 854963

1. Entity Name
THE LIMITED STORES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 182672 COLUMBUS, OH 43218 US	P.O. BOX 182672 COLUMBUS, OH 43218 US

40009983

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HASSON, DAVID H
STREET ADDRESS	3 LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230
TITLE	T
NAME	KLINGER, LISA
STREET ADDRESS	3 LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230
TITLE	P
NAME	HOLTZ, DIANE
STREET ADDRESS	3 LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230
TITLE	CEO
NAME	MURLINSKIN, CHUCK
STREET ADDRESS	3 LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230
TITLE	D
NAME	HAILEY, ANN
STREET ADDRESS	THREE LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230
TITLE	VT
NAME	VAN OOYEN, BRIAN
STREET ADDRESS	3 LIMITED PARKWAY
CITY-ST-ZIP	COLUMBUS, OH 43230

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D Buell John D. Buell 01-27-05 614.415.2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #