

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000004887

1. Entity Name  
ABERCROMBIE & FITCH STORES, INC.



Principal Place of Business  
6301 FITCH PATH  
NEW ALBANY, OH 43054

Mailing Address  
6301 FITCH PATH  
ATTN: RACHAEL GRAY  
NEW ALBANY, OH 43054



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2258697

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000934605  
05/23/08-90038-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KRAMER, MICHAEL W
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	VPD
NAME	NUZZO, MICHAEL
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	T
NAME	PETRONELLA, DAN
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	ATD
NAME	DEWALT, KAREN B
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	VP
NAME	SINKEY, JEFFREY
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	ASEC
NAME	WILSON, REID
STREET ADDRESS	6301 FITCH PATH
CITY-ST-ZIP	NEW ALBANY, OH 43054

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Karen Dewalt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/08*

Date

Daytime Phone #