

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004390

1. Entity Name
DSW SHOE, INC.



Principal Place of Business
**3241 WESTERVILLE RD
COLUMBUS, OH 43224**

Mailing Address
**3241 WESTERVILLE RD
COLUMBUS, OH 43224**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0746639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2007, Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DISQUE, DAVID
4150 EAST 5TH AVE.
COLUMBUS, OH 43219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCMO
FERREE, DEBORAH L
3241 WESTERVILLE ROAD
COLUMBUS, OH 43224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCL
MILLER, STEVEN E
3241 WESTERVILLE RD.
COLUMBUS, OH 43224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
DAVIS, JULIE A
3241 WESTERVILLE RD.
COLUMBUS, OH 43224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
PROBST, DOUGLAS J
3241 WESTERVILLE ROAD
COLUMBUS, OH 43224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
PROBST, DOUGLAS J
3241 WESTERVILLE ROAD
COLUMBUS, OH 43224**

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04/25/07-80023-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 (614) 478-2302