

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000408 (5)

1. Corporation Name
225 MERCHANDISING III, INC.



Principal Place of Business
THREE LIMITED PARKWAY
COLUMBUS OH 43230

Mailing Address
THREE LIMITED PARKWAY
COLUMBUS OH 43230-1467

3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 03/20/1996
4. FEI Number 31-1286162	Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 authorized to make any change to the corporation's registered office or registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Page Number (NOTE: Registered Agent signature required when reinstating)

DATE

12.

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-STATE-ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-STATE-ZIP
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP
12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP
12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP

PD
GILMAN, KENNETH B
3 LIMITED PARKWAY
COLUMBUS OH
V
GERBER, WILLIAM K
3 LIMITED PARKWAY
COLUMBUS OH
VSD
LYONS, TIMOTHY B
3 LIMITED PARKWAY
COLUMBUS OH
T
HECTORNE, PATRICK
3 LIMITED PARKWAY
COLUMBUS OH

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Timothy Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

614-479-2518