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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 # F93000000433 (3)

1. Corporation Name
225 MERCHANDISING V, INC.

Principal Place of Business
THREE LIMITED PARKWAY
COLUMBUS OH 43230

Mailing Address
THREE LIMITED PARKWAY
COLUMBUS OH 43230-1467



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

03/20/1996

4. FEI Number

31-1286163

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

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 607.0602 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 in place for:

SIGNATURE

(Type or print name of person signing)

(Signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME GILMAN, KENNETH B	1.2 NAME
12.3 STREET ADDRESS 3 LIMITED PARKWAY	1.3 STREET ADDRESS
12.4 CITY-STATE-ZIP COLUMBUS OH	1.4 CITY-STATE-ZIP
12.5 TITLE V	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME GERBER, WILLIAM K	2.2 NAME
12.7 STREET ADDRESS 3 LIMITED PARKWAY	2.3 STREET ADDRESS
12.8 CITY-STATE-ZIP COLUMBUS OH	2.4 CITY-STATE-ZIP
12.9 TITLE VSD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME LYONS, TIMOTHY B	3.2 NAME
12.11 STREET ADDRESS 3 LIMITED PARKWAY	3.3 STREET ADDRESS
12.12 CITY-STATE-ZIP COLUMBUS OH	3.4 CITY-STATE-ZIP
12.13 TITLE T	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME HECTORNE, PATRICK	4.2 NAME
12.15 STREET ADDRESS 3 LIMITED PARKWAY	4.3 STREET ADDRESS
12.16 CITY-STATE-ZIP COLUMBUS OH	4.4 CITY-STATE-ZIP
12.17 TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	5.2 NAME
12.19 STREET ADDRESS	5.3 STREET ADDRESS
12.20 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
12.21 TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME	6.2 NAME
12.23 STREET ADDRESS	6.3 STREET ADDRESS
12.24 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

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 included 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 B. Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

614-479-2518
Telephone Number

CR2E034 (9/96)