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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000542 (9)

ABERCROMBIE & FITCH STORES, INC.

P.O. BOX 182168 COLUMBUS OH 43218		P.O. BOX 182168 COLUMBUS OH 43218-2168					
					3. Date Incorporated or Qualified 02/01/1995	3a. Date of Last	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			31-1228829	ļ	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing	\$5.0	May Be	
23		28			1rust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		s. 199.032,
<u> </u>		29	30		Florida Statutes Yes X No		
	9. Name and Address of Current	t Registered Agent	81	NI	10. Name and Address of New Reg	gistered Agent	
	CORPORATION SYSTEM	81 Name		Name			
	D SOUTH PINE ISLAND ROAD NTATION FL 33324		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
PUA	MIATION FL 33324		83		.,.,.,		
			84	City		FI 85 20	p Code
44 Outougot	to the provisions of Spelions 607 000	2 and 607 1609 Florida Statu	too the about	namad sar	paration automits this statement for the p		ito ropietorod
office or re	egistered agent, or both, in the State	of Horida, Such change was	authorized by	the corpora	poration submits this statement for the partion's board of directors. I hereby accept	t the appointment a	as registered
~	m familiar with, and accept the obliga	ations of, Section 607.0505, }	Iorida Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered age:	of and tile it applicable. (NC	III : Bloggetored Age	nt signature term	ired when reinstating)	DATE	
12,	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	- Digitation rodge	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Changi	
NAME	JEFFRIES, MICHAEL		1.2 NAME				'
STREET ADDRESS	4 LIMITED PKWY E		13 STREET AUDRESS				
CITY-ST-ZIP	REYNOLDSBURG OH		1.4°C/1Y~SI~ZIP				
TITLE	VASD	DELETE	2.1 TILLE			Change	Addition
NAME	GILMAN, KENNETH B		2.2-NAME	<u> </u>			
STREET ADDRESS	THREE LIMITED PARKWAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		2. 4 CITY - ST - ZIP				
TITLE	VSD	DELETE	31 TITLE			Changi	Addition
NAME	LYONS, TIMOTHY B		3.2 NAME	Ì			·
STREET ADDRESS	THREE LIMITED PARKWAY		3.3 STREET	ADDRESS			
CITY-ST-ZIP	COLUMBUS OH		3.4. CITY - 5	31-2IP			
TITLE	V	DELFTE	4.1 TILE			Change	e Addition
NAME	JOHNSON, SETH		4. 2 NAME				·
STREET ADDRESS	4 LIMITED PKWY E		4.3 STREET ADDRESS				
CITY-ST-ZIP	REYNOLDSBURG OH		4.4 DITY - ST - ZIP				
TITLE	T	DELETE	51 MILE			Chang	e [] Addition
NAME	HECTORNE, PATRICK		5.2 NAME				
STREET ADDRESS			5.3 \$1REE1	ADDRESS			I
CITY-ST-ZIP	A ALLEMAN ALL		5.4 CITY - S	1			ı
TITLE			6.1 TULE			Change	c [] Addition
NAME			6.2 NAME			_	
STREET ADDRESS			63\$1REE1	AODRESS			

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 Statutos. 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 eath, 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 Statutos; and that my name

4/28/97

(614)577-6500