

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90002 034 \*\*\*150.00  
06-27-2005 90004 002 \*\*\*400.00

**50053899**



06022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F95000003273</b>					
1. Entity Name VICTORIA'S SECRET STORES, INC.					
Principal Place of Business FOUR LIMITED PARKWAY EAST REYNOLDSBURG, OH 43068			Mailing Address P.O. BOX 16586 COLUMBUS, OH 43216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1437180	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLS, GRACE		NAME		
STREET ADDRESS	8455 E. BROAD ST		STREET ADDRESS		
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		CITY - ST - ZIP		
TITLE	CF	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRENGOU, JERRY		NAME		
STREET ADDRESS	8455 E BROAD ST		STREET ADDRESS		
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		CITY - ST - ZIP		
TITLE	SVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILSON, JOAN		NAME		
STREET ADDRESS	8455 E BROAD ST		STREET ADDRESS		
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOYCE, EDWARD P		NAME	Secretary Dana Williams	
STREET ADDRESS	8455 E BROAD ST		STREET ADDRESS	3 Limited Pkwy	
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		CITY - ST - ZIP	Columbus, OH 43230	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASSON, DAVID		NAME	Director Ann Hailan	
STREET ADDRESS	8455 E BROAD ST		STREET ADDRESS	3 Limited Pkwy	
CITY - ST - ZIP	REYNOLDSBURG, OH 43068		CITY - ST - ZIP	Columbus, OH 43230	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I 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 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: <u>Jim M. Hume</u>			6/2/05 614-577-7773		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		