

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002200

1. Entity Name
DSW SHOE WAREHOUSE, INC.



Principal Place of Business

3241 WESTERVILLE RD
COLUMBUS, OH 43224

Mailing Address

3241 WESTERVILLE RD
COLUMBUS, OH 43224



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0587630	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000951015
06/04/08-80014-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC HORVATTI, PETER Z 3241 WESTERVILLE RD COLUMBUS, OH 43224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERREE, DEBORAH L 3241 WESTERVILLE ROAD COLUMBUS, OH 43224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC PROBST, DOUGLAS J 3249 WESTERVILLE RD COLUMBUS, OH 43224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC MILLER, STEVEN E 3241 WESTERVILLE RD COLUMBUS, OH 43224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #