

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90232 019 ****50.00

DOCUMENT # M01000002844

1. Entity Name

J.M. HOLLISTER, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6301 FITCH PATH

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 182168

Suite, Apt. #, etc.

City & State

NEW ALBANY, OH

City & State

COLUMBUS, OH

Zip

43054

Country

US

Zip

43218

Country

US

4. FEI Number

31-1682227

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE MANAGING MEMBER
NAME ABERCROMBIE & FITCH STORES, INC.
STREET ADDRESS 6301 FITCH PATH
CITY-ST-ZIP NEW ALBANY, OH 43054

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CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karen Dewalt KAREN DEWALT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/7/02 (614) 283-6500
Date Daytime Phone #