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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17503** **(4)**

1. Corporation Name
LIMITED EXPRESS, INC.

Principal Place of Business	Mailing Address
ONE LIMITED PARKWAY P.O. BOX 181000 COLUMBUS OH 43218	ONE LIMITED PARKWAY P.O. BOX 181000 COLUMBUS OH 43218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 31-1099739 ☐ 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 qualify for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition P
NAME	MCCONATHY, PAMELA S	12 NAME	Susan B. Falk
STREET ADDRESS	ONE LIMITED PKWY	13 STREET ADDRESS	One Limited Parkway
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP	Columbus, OH 43230
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GILMAN, KENNETH B.	22 NAME	
STREET ADDRESS	ONE LIMITED PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	LYONS, TIMOTHY B.	32 NAME	
STREET ADDRESS	ONE LIMITED PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KYEES, JOHN	42 NAME	
STREET ADDRESS	ONE LIMITED PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HECTORNE, PATRICK	52 NAME	
STREET ADDRESS	3 LIMITED PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☑ Change ☐ Addition
NAME	HORRATH, PETER Z	62 NAME	Horvath, Peter Z
STREET ADDRESS	1 LIMITED PKWY	63 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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 above, or on an attachment with an address.

SIGNATURE: X _____ Peter Z. Horvath 4-18-95 614-479-4627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479639 FP