

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17503** (4)

1. Corporation Name
LIMITED EXPRESS, INC.



Principal Place of Business

**ONE LIMITED PARKWAY
P.O. BOX 181000
COLUMBUS OH 43218**

Mailing Address

**ONE LIMITED PARKWAY
P.O. BOX 181000
COLUMBUS OH 43218**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 **One Limited Pkwy**

22 City & State

27 **ATTN: Tax Dept. P.O. Box 181000**

23 Zip

Country

28 **Columbus, OH**

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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1502, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Name and Title of Current Registered Agent

Name and Title of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FALK, SUSAN G	
STREET ADDRESS	ONE LIMITED PKWY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMAN, KENNETH B.	
STREET ADDRESS	ONE LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LYONS, TIMOTHY B.	
STREET ADDRESS	ONE LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KYEES, JOHN	
STREET ADDRESS	ONE LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HECTORNE, PATRICK	
STREET ADDRESS	3 LIMITED PKWY	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HORVATH, PETER Z	
STREET ADDRESS	1 LIMITED PKWY	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 principal 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 if changed, or on an attachment with an addendum.

SIGNATURE: *John E. Fyees*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

614-479-4143

CR2E034 (12/95)