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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

ONE LIMITED PKWY.
ATTN: TAX DEPT. P.O. BOX 181000
COLUMBUS OH 43230-1487
US

3. Date Incorporated or Qualified

01/04/1988

3a. Date of Last Report

05/01/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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
officer, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
FALK, SUSAN G
STREET ADDRESS ONE LIMITED PKWY
CITY - ST - ZIP COLUMBUS OH

TITLE ☐ DELETE
NAME D
GILMAN, KENNETH B.
STREET ADDRESS ONE LIMITED PARKWAY
CITY - ST - ZIP COLUMBUS OH

TITLE ☐ DELETE
NAME VSD
LYONS, TIMOTHY B.
STREET ADDRESS ONE LIMITED PARKWAY
CITY - ST - ZIP COLUMBUS OH

TITLE ☐ DELETE
NAME V
KYEES, JOHN
STREET ADDRESS ONE LIMITED PARKWAY
CITY - ST - ZIP COLUMBUS OH

TITLE ☐ DELETE
NAME T
HECTORNE, PATRICK
STREET ADDRESS 3 LIMITED PKWY
CITY - ST - ZIP COLUMBUS OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Michael A. Weiss
1.3 STREET ADDRESS One Limited Pkwy.
1.4 CITY - ST - ZIP Columbus, OH 43230

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Vice President ☒ Change ☐ Addition
4.2 NAME Barry Endas
4.3 STREET ADDRESS One Limited Pkwy.
4.4 CITY - ST - ZIP Columbus, OH 43230

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Asst. Secretary ☐ Change ☒ Addition
6.2 NAME Jeff Allison
6.3 STREET ADDRESS One Limited Pkwy.
6.4 CITY - ST - ZIP Columbus, OH 43230

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Allison 4-21-97 614-479-4143

Date

Daytime Phone #

CR2E034 (9/96)