

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26614** (8)  
1. Corporation Name  
**STRUCTURE WORTH AVENUE, INC.**



Principal Place of Business <b>C/O LIMITED EXPRESS, INC. TWO LIMITED PKWY COLUMBUS OH 43230 US</b>	Mailing Address <b>C/O LIMITED EXPRESS, INC. TWO LIMITED PKWY COLUMBUS OH 43230 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/26/1989</b>	
				4. FEI Number <b>31-1283628</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<b>P</b>			1.1 TITLE	<b>Peter Whitford</b>		
NAME	<b>MANGINI, DAVID L</b>			1.2 NAME	<b>same</b>		
STREET ADDRESS	<b>TWO LIMITED PKWY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COLUMBUS OH</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LYONS, TIMOTHY B.</b>			2.2 NAME			
STREET ADDRESS	<b>TWO LIMITED PARKWAY</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COLUMBUS OH</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HECTORNE, PATRICK</b>			3.2 NAME			
STREET ADDRESS	<b>THREE LIMITED PKWY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COLUMBUS OH</b>			3.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HORVATH, PETER Z.</b>			4.2 NAME	<b>VP-CFO</b>		
STREET ADDRESS	<b>ONE LIMITED PARKWAY</b>			4.3 STREET ADDRESS	<b>James Roberson</b>		
CITY-ST-ZIP	<b>COLUMBUS OH 43230</b>			4.4 CITY-ST-ZIP	<b>Two Limited Parkway</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GILMAN, KENNETH B.</b>			5.2 NAME			
STREET ADDRESS	<b>TWO LIMITED PARKWAY</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COLUMBUS OH</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-98

614-415-5701

CR2E034 (10/97)