

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 PH 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P38434 (7)**  
1. Corporation Name  
**CONSOLIDATED STORES CORPORATION**

Principal Place of Business Mailing Address  
**300 PHILLIP ROAD COLUMBUS OH 43228**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1992** 3a. Date of Last Report **04/13/1994**

4. FEI Number **31-1186811** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	KELLEY, WILLIAM G.
STREET ADDRESS	300 PHILLIP RD.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VDCF
NAME	SNOW, WILLIAM B.
STREET ADDRESS	300 PHILLIP RD.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VSD
NAME	BELL, ALBERT J.
STREET ADDRESS	300 PHILLIP RD.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VT
NAME	MCGRADY, JAMES A.
STREET ADDRESS	300 PHILLIP RD.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VDC
NAME	POTTER, MICHAEL J
STREET ADDRESS	300 PHILLIP RD
CITY-ST-ZIP	COLUMBUS OH
TITLE	PO
NAME	CHURCHES, BRADY
STREET ADDRESS	300 PHILLIP ROAD
CITY-ST-ZIP	COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sommers, Jerry D
2.3 STREET ADDRESS	300 Phillip Rd.
2.4 CITY-ST-ZIP	Columbus, OH
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 as the recorder 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 this document.

SIGNATURE: *James A. McGrady*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, OFFICER OR DIRECTOR

**JAMES MCGRADY**  
VICE PRESIDENT & TREASURER 4-11-95

614-278-6837