


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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
CONSOLIDATED STORES CORPORATION

P38434

Principal Place of Business 300 Phillipi Rd. P.O. Box 28512 Columbus, OH 43228-0512	Mailing Address 300 Phillipi Rd. P.O. Box 28512 Columbus, OH 43228-0512
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3. Date Incorporated or Qualified 04/16/92	3a. Date of Last Report 04/23/96
4. FEI Number 31-1186811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

TITLE	DC <input type="checkbox"/> DELETE
NAME	William G. Kelley
STREET ADDRESS	300 Phillipi Rd.
CITY - ST - ZIP	Columbus, OH 43228-0512
TITLE	VSD <input type="checkbox"/> DELETE
NAME	Albert J. Bell
STREET ADDRESS	300 Phillipi Rd.
CITY - ST - ZIP	Columbus, OH 43228-0512
TITLE	VT <input type="checkbox"/> DELETE
NAME	James A. McGrady
STREET ADDRESS	300 Phillipi Rd.
CITY - ST - ZIP	Columbus, OH 43228-0512
TITLE	VD <input type="checkbox"/> DELETE
NAME	Michael J. Potter
STREET ADDRESS	300 Phillipi Rd.
CITY - ST - ZIP	Columbus, OH 43228-0512
TITLE	PD <input type="checkbox"/> DELETE
NAME	Michael L. Glazer
STREET ADDRESS	300 Phillipi Rd.
CITY - ST - ZIP	Columbus, OH 43228-0512
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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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 *James McGrady* **JAMES MCGRADY**
 VICE PRESIDENT & TREASURER
 Date **4/25/97** Daytime Phone # **(614) 278-6837**

CR2E034 (9/96)