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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90110 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P38434**

1. Corporation Name  
**CONSOLIDATED STORES CORPORATION**

Principal Place of Business <b>300 PHILLIPI ROAD          P.O. BOX 28512          COLUMBUS OH 43228-0512</b>	Mailing Address <b>300 PHILLIPI ROAD          P.O. BOX 28512          COLUMBUS OH 43228-0512</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/16/1992</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>31-1186811</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/>	<input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> DELETE
NAME KELLEY, WILLIAM G.	
STREET ADDRESS 300 PHILLIPI RD.	
CITY-ST-ZIP COLUMBUS OH 43228-0512	
TITLE VSD	<input type="checkbox"/> DELETE
NAME BELL, ALBERT J.	
STREET ADDRESS 300 PHILLIPI ROAD	
CITY-ST-ZIP COLUMBUS OH 43228-0512	
TITLE VT	<input type="checkbox"/> DELETE
NAME MCGRADY, JAMES A.	
STREET ADDRESS 300 PHILLIPI ROAD	
CITY-ST-ZIP COLUMBUS OH 43228-0512	
TITLE VD	<input type="checkbox"/> DELETE
NAME POTTER, MICHAEL J	
STREET ADDRESS 300 PHILLIPI ROAD	
CITY-ST-ZIP COLUMBUS OH 43228-0512	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GLAZER, MICHAEL L.	
STREET ADDRESS 300 PHILLIPI ROAD	
CITY-ST-ZIP COLUMBUS OH 43228-0512	
TITLE SVP	<input type="checkbox"/> DELETE
NAME WAITE, BRAD A	
STREET ADDRESS 300 PHILLIPI RD	
CITY-ST-ZIP COLUMBUS OH 43228-0512	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME L. MICHAEL WATTS	
1.2 NAME	
1.3 STREET ADDRESS 300 PHILLIPI ROAD	
1.4 CITY-ST-ZIP Columbus, Ohio 43228	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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, with all other like empowered.

SIGNATURE: L. Michael Watts L. MICHAEL WATTS 2/16/99 614-275-1837  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)