## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # P38434** Apr 24, 2000 8:00 am Secretary of State CONSOLIDATED STORES CORPORATION 04-24-2000 90085 033 \*\*\*150.00 Mailing Address Principal Place of Business 300 PHILLIPI ROAD 300 PHILLIPI ROAD P.O. BOX 28512 P.O. BOX 28512 COLUMBUS OH 43228-0512 COLUMBUS OH 43228-0512 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1186811 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ~7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 行,不是少点联系第四点。 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DC P Change Addition TITLE ☐ Delete TITI F KELLEY, WILLIAM G. NAME NAME STREET ADDRESS 300 PHILLIPI RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43228-0512 VSD Delete TITLE Change ☐ Addition TITLE BELL, ALBERT J. NAME NAME 300 PHILLIPI ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43228-0512 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE MCGRADY, JAMES A. NAME NAME 300 PHILLIPI ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43228-0512 CITY-ST-ZIP VC D Change ☐ Addition TITLE Delete TITLE POTTER, MICHAEL J NAME NAME 300 PHILLIPI ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43228-0512 ☐ Change ☐ Addition TITLE Delete TITLE WATTS, L.M. NAME NAME 300 PHILLIPI RD STREET ADDRESS STREET ADDRESS COLUMBUS OH 43228 CITY-ST-ZIP CITY-ST-ZIP SVP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WAITE, BRAD A NAME NAME STREET ADDRESS 300 PHILLIPI RD STREET ADDRESS COLUMBUS OH 43228-0512 CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with smaddress, with all other like empowered.