


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 048 ***150.00

DOCUMENT # P38434
 1. Entity Name
BIG LOTS STORES, INC.



Principal Place of Business Mailing Address
300 PHILLIPI ROAD **300 PHILLIPI ROAD**
COLUMBUS, OH 43228-0512 **COLUMBUS, OH 43228-0512**

DO NOT WRITE IN THIS SPACE

40082341



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1186811	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VSD
 NAME: HAUBIEL, CHARLIE II
 STREET ADDRESS: 300 PHILLIPI ROAD
 CITY - ST - ZIP: COLUMBUS, OH 432280512

TITLE: VT
 NAME: POFF, JARED
 STREET ADDRESS: 300 PHILLIPI ROAD
 CITY - ST - ZIP: COLUMBUS, OH 432280512

TITLE: PCEO
 NAME: FISHMAN, STEVEN S
 STREET ADDRESS: 300 PHILLIPS RD
 CITY - ST - ZIP: COLUMBUS, OH 43228

TITLE: VPT
 NAME: WATTS, L M
 STREET ADDRESS: 300 PHILLIPI RD
 CITY - ST - ZIP: COLUMBUS, OH 43228

TITLE: SVP
 NAME: WAITE, BRAD A
 STREET ADDRESS: 300 PHILLIPI RD
 CITY - ST - ZIP: COLUMBUS, OH 432280512

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L Michael Watts **L MICHAEL WATTS** 4-17-2007 614-278-6835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #