

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001270

Entity Name: SCHOOL OUTFITTERS, LLC**Current Principal Place of Business:**3736 REGENT AVENUE
CINCINNATI, OH 45212**Current Mailing Address:**3736 REGENT AVENUE
CINCINNATI, OH 45212 US**FEI Number:** 61-1341943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGR
Name BRENNAN, THOMAS A JR.
Address 3736 REGENT AVENUE
City-State-Zip: CINCINNATI OH 45212

Title MGR
Name GREEN, THOMAS J
Address 3736 REGENT AVENUE
City-State-Zip: CINCINNATI OH 45212

Title MGR
Name WALLACE, THOMAS F
Address 3736 REGENT AVENUE
City-State-Zip: CINCINNATI OH 45212

Title CONTROLLER
Name MARKESBERY, COLLEEN
Address 3736 REGENT AVENUE
City-State-Zip: CINCINNATI OH 45212

Title COO
Name NEYER, MARY
Address 3736 REGENT AVENUE
City-State-Zip: CINCINNATI OH 45212

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN MARKESBERY**MEMBER****01/24/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date