

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005764

Entity Name: BATH & BODY WORKS DIRECT, INC.**Current Principal Place of Business:**5 LIMITED PARKWAY
REYNOLDSBURG, OH 43068**Current Mailing Address:**PO BOX 182515
ATTN: BUSINESS LICENSE
COLUMBUS, OH 43218**FEI Number:** 20-3048392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	TREASURER
Name	FABER, TIMOTHY J
Address	3 LIMITED PARKWAY
City-State-Zip:	COLUMBUS OH 43230

Title	ASEC
Name	SARGEANT, HEATHER
Address	4 LIMITED PARKWAY
City-State-Zip:	REYNOLDSBURG OH 43068

Title	CFO
Name	ARLIN, WENDY
Address	3 LIMITED PARKWAY
City-State-Zip:	COLUMBUS OH 43230

Title	SECRETARY, CHIEF LEGAL OFFICER
Name	WU, MICHAEL
Address	3 LIMITED PARKWAY
City-State-Zip:	COLUMBUS OH 43230

Title	VICE PRESIDENT TAX
Name	GUTRIDGE, MICHAEL
Address	3 LIMITED PARKWAY
City-State-Zip:	COLUMBUS OH 43230

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER SARGEANT

AVP, FINANCE

04/26/2023

Electronic Signature of Signing Officer/Director Detail_____
Date