

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN -1 AM 9:04

DOCUMENT # 854963 (6)

1. Corporation Name
THE LIMITED LONDON-PARIS-NEW YORK, INC.

Principal Place of Business	Mailing Address
3 LIMITED PARKWAY P.O. BOX 16528 COLUMBUS OH 43216 US	3 LIMITED PARKWAY P.O. BOX 16528 COLUMBUS OH 43216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 31-1022954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature (typed or printed name of registered agent and FEI # applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYONS, TIMOTHY B
STREET ADDRESS	3 LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH
TITLE	D
NAME	GILMAN, KENNETH
STREET ADDRESS	3 LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH
TITLE	P
NAME	WEISS, MICHAEL
STREET ADDRESS	3 LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH
TITLE	V
NAME	SCHULTZE, SCOTT
STREET ADDRESS	3 LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH
TITLE	SD
NAME	LYONS, TIMOTHY B.
STREET ADDRESS	THREE LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH
TITLE	T
NAME	HECTORNE, PATRICK
STREET ADDRESS	3 LIMITED PARKWAY
CITY, ST, ZIP	COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Cheryl N. Turpin</i>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached addendum.

SIGNATURE: *Scott R. Schultze* **Scott R. Schultze, CFO/EVP** *6/23/95* **614-477-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR