


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 018 ***150.00

DOCUMENT # 854963

1. Entity Name
THE LIMITED STORES, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 182672 COLUMBUS, OH 43218 US | Mailing Address P.O. BOX 182672 COLUMBUS, OH 43218 US |
|---|---|

40009983



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 31-1022954 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HASSON, DAVID H 3 LIMITED PARKWAY COLUMBUS, OH 43230 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T KLINGER, LISA 3 LIMITED PARKWAY COLUMBUS, OH 43230 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HOLTZ, DIANE 3 LIMITED PARKWAY COLUMBUS, OH 43230 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO MURLINSKIN, CHUCK 3 LIMITED PARKWAY COLUMBUS, OH 43230 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HAILEY, ANN THREE LIMITED PARKWAY COLUMBUS, OH 43230 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT VAN OYEN, BRIAN 3 LIMITED PARKWAY COLUMBUS, OH 43230 |

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12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Buell **John D. Buell** 01-27-05 614.415.2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #