

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854963

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LIMITED BRANDS STORE OPERATIONS, INC.

**Current Principal Place of Business:**

3 LIMITED PARKWAY  
COLUMBUS, OH 43230 US

**New Principal Place of Business:**

**Current Mailing Address:**

3 LIMITED PARKWAY  
ATTN: TAX DEPARTMENT  
COLUMBUS, OH 43230 US

**New Mailing Address:**

FEI Number: 31-1022954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: WILLIAMS, DOUGLAS L  
Address: 3 LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: T ( ) Delete  
Name: FABER, TIM  
Address: 3 LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: VP ( ) Delete  
Name: KRISS, SCOTT A  
Address: 3 LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: SEC (X) Delete  
Name: FRIED, SAM  
Address: 3 LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: PRES ( ) Delete  
Name: BURGOERFER, STUART  
Address: THREE LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: DIR ( ) Delete  
Name: MONTERA, KEN  
Address: THREE LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HELVIE, TODD G  
Address: 3 LIMITED PARKWAY  
City-St-Zip: COLUMBUS, OH 43230

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADAM HEISEL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TAX

04/27/2009

\_\_\_\_\_ Date