

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854963

**Entity Name:** RETAIL STORE OPERATIONS, INC.

**Current Principal Place of Business:**

3 LIMITED PARKWAY  
COLUMBUS, OH 43230

**Current Mailing Address:**

PO BOX 182787  
ATTN: TAX DEPARTMENT  
COLUMBUS, OH 43218 US

**FEI Number:** 31-1022954

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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 TREA  
Name FABER, TIMOTHY J  
Address 3 LIMITED PARKWAY  
City-State-Zip: COLUMBUS OH 43230

Title VP  
Name HELVIE, TODD G  
Address 3 LIMITED PARKWAY  
City-State-Zip: COLUMBUS OH 43230

Title PRES  
Name BURGDOERFER, STUART  
Address THREE LIMITED PARKWAY  
City-State-Zip: COLUMBUS OH 43230

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

Title SVP  
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:** TODD G. HELVIE

SVP

04/22/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date