

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 854963 (6)
 Corporation Name
THE LIMITED STORES, INC.



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

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **03/20/1996**
 4. FEI Number **31-1022954** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **FL** 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 _____
(PRINT: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, TIMOTHY B	1.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, KENNETH	2.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPIN, CHERYL N	3.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZE, SCOTT	4.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, TIMOTHY B.	5.2 NAME	
STREET ADDRESS	THREE LIMITED PARKWAY	5.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTORNE, PATRICK	6.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	6.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	

14. I do 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 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 this report as required by Chapter 607, Florida Statutes, and that my name appears on Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott R. Schultze* **3/10/97** 614-479-2518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)