

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91553 040 \*\*\*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
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**C0068461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>31-1022954</b>	Applied For
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

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.

SIGNATURE *N/A* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, TIMOTHY B</b>		NAME		
STREET ADDRESS	<b>3 LIMITED PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS OH</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILMAN, KENNETH</b>		NAME		
STREET ADDRESS	<b>3 LIMITED PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS OH</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARD, ROBERT</b>		NAME		
STREET ADDRESS	<b>3 LIMITED PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS OH 43230</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP/CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHULTZE, SCOTT</b>		NAME	<b>Nirmal K. Tripathy</b>	
STREET ADDRESS	<b>3 LIMITED PARKWAY</b>		STREET ADDRESS	<b>3 Limited Pkwy</b>	
CITY-ST-ZIP	<b>COLUMBUS OH</b>		CITY-ST-ZIP	<b>Columbus, OH 43230</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, TIMOTHY B.</b>		NAME		
STREET ADDRESS	<b>THREE LIMITED PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS OH</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECTORNE, PATRICK</b>		NAME		
STREET ADDRESS	<b>3 LIMITED PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS OH</b>		CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nirmal K. Tripathy* **NIRMAL K. TRIPATHY** 4/12/01 614-415-2518  
Signature and typed or printed name of signing officer or director Date Daytime Phone #