

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL -1 AM 9:04

DOCUMENT # **F93000000408 (5)**

1. Corporation Name

225 MERCHANDISING III, INC.

Principal Place of Business

Mailing Address

**THREE LIMITED PARKWAY
COLUMBUS OH 43230**

**THREE LIMITED PARKWAY
COLUMBUS OH 43230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

31-1286162

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

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8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable

(If 21) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GILMAN, KENNETH B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	1.2 NAME	
STREET ADDRESS	COLUMBUS OH	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	V GERBER, WILLIAM K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	2.2 NAME	
STREET ADDRESS	COLUMBUS OH	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	VSD LYONS, TIMOTHY B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	3.2 NAME	
STREET ADDRESS	COLUMBUS OH	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	T HECTORNE, PATRICK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	4.2 NAME	
STREET ADDRESS	COLUMBUS OH	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth B. Gilman 5/24/95 614-477-2518