PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003273

1200 SOUTH PINE ISLAND ROAD

LYONS, TIMOTHY B THREE LIMITED PKWY

COLUMBUS OH 43230

PLANTATION FL 33324

1. Corporation Name

24

VICTORIA'S SECRET STORES, INC.						
Principal Place of Business	Mailing Address	_				
8455 E. BROAD ST REYNOLDSBURG OH 43068	8455 E. BROAD ST REYNOLDSBURG OH 43068	·				
Principal Place of Business Total Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 				

City & State City & State 28 23 Country Zip Country Zip

30 25 29 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

83 84 City

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/07/1995 4. FEI Number

31-1437180

Personal Property Tax.

5. Certifcate of Status Desired Fee Required = \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90046 043 ***150.00

Added to Fees 8. This corporation owes the current year Intangible

Applied For

Not Applicable \$8.75 Additional

10. Name and Address of New Registered Agent

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 ap	plicable (NOTE: R	egistered Agent signature requ		DATE		
12.	OFFICERS AND DIRECTORS		13.				
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	NICHOLS, GRACE		1.2 NAME				
STREET ADDRESS	8455 E. BROAD ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	REYNOLDSBURG OH 43068		1.4 CITY-ST-ZIP				
TITLE	VPFC	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MCGINTY, JIM		2.2 NAME				
STREET ADDRESS	8455 E BROAD ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	REYNOLDSBURG OH 43068		2.4 CITY-ST-ZIP			····	
TITLE	·VP -	DELETE -	3.1 TITLE		Sat was after	- Change	☐ Addition
NAME	HILSON, JOAN		3.2 NAME				
STREET ADDRESS	8455 E BROAD ST		3.3 STREET ADDRESS	•			
CITY-ST-ZIP	REYNOLDSBURG OH		3.4. CITY+ST-ZIP	. <u></u>			
TITLE	VAS	□ DELETE	4,1 TITLE			Change	☐ Addition
NAME	GILMAN, KENNETH E		4. 2 NAME				
STREET ADDRESS	THREE LIMITED PKWY		4.3 STREET ADDRESS				
CITY_ST_7IP	COLUMBUS OH 43230		4.4 CITY-ST-ZIP				

51 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

☐ DELETE

☐ DELETE

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

Change

☐ Addition

☐ Addition