

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90059 048 \*\*\*150.00

**DOCUMENT # F95000003273**

1. Entity Name

**VICTORIA'S SECRET STORES, INC.**

Principal Place of Business

**FOUR LIMITED PARKWAY EAST  
 REYNOLDSBURG OH 43068**

Mailing Address

**P.O. BOX 16586  
 COLUMBUS OH 43216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**31-1437180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **NICHOLS, GRACE**  
 STREET ADDRESS **8455 E. BROAD ST**  
 CITY-ST-ZIP **REYNOLDSBURG OH 43068**

TITLE **VPFC** ☒ Delete  
 NAME **MCGINTY, JIM**  
 STREET ADDRESS **8455 E BROAD ST**  
 CITY-ST-ZIP **REYNOLDSBURG OH 43068**

TITLE **VP** ☐ Delete  
 NAME **HILSON, JOAN**  
 STREET ADDRESS **8455 E BROAD ST**  
 CITY-ST-ZIP **REYNOLDSBURG OH**

TITLE **VAS** ☒ Delete  
 NAME **GILMAN, KENNETH E**  
 STREET ADDRESS **THREE LIMITED PKWY**  
 CITY-ST-ZIP **COLUMBUS OH 43230**

TITLE **VS** ☒ Delete  
 NAME **LYONS, TIMOTHY B**  
 STREET ADDRESS **THREE LIMITED PKWY**  
 CITY-ST-ZIP **COLUMBUS OH 43230**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Controller Finance** ☐ Change ☒ Addition  
 NAME **JERRY FAENGSO**  
 STREET ADDRESS **8455 E Broad St**  
 CITY-ST-ZIP **Reynoldsburg OH 43068**  
 Senior VP, CFO ☒ Change ☐ Addition

TITLE **Asst Secretary** ☐ Change ☒ Addition  
 NAME **Edward P Joyce**  
 STREET ADDRESS **8455 E Broad St**  
 CITY-ST-ZIP **Reynoldsburg OH 43068**

TITLE **VP, Secretary, Director** ☐ Change ☒ Addition  
 NAME **David Hasson**  
 STREET ADDRESS **8455 E Broad St**  
 CITY-ST-ZIP **Reynoldsburg OH 43068**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

614 577 7240

Date

Daytime Phone #