

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214546655

1.) CORPORATION NAME:

L Brands Direct Fulfillment, Inc.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1725219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: FIVE LIMITED PKWY EAST

CITY/ST/ZIP: REYNOLDSBURG, OH 43068

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MELANIE ROSE-BILLHARDT				
TITLE:	PRESIDENT				
ADDRESS:	5 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43068				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SHAREN JESTER TURNEY				
TITLE:	PRES CEO				
ADDRESS:	3 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WENDY ARLIN				
TITLE:	VICE PRESIDENT				
ADDRESS:	3 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43230				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JAMES HARRIS				
TITLE:	VICE PRESIDENT				
ADDRESS:	3 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43230				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LUIS MACHADO				
TITLE:	VICE PRESIDENT				
ADDRESS:	3 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43230				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOSEPH QUIGLEY				
TITLE:	VICE PRESIDENT				
ADDRESS:	3 LIMITED PARKWAY				
CITY/ST/ZIP/CO:	COLUMBUS, OH 43230				

NAME: STUART B BURGDOERFER TITLE: EVP ASST SEC ADDRESS: 3 LIMITED PARKWAY CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS WILLIAMS TITLE: SVP GEN COU SEC ADDRESS: 3 LIMITED PARKWAY CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J FABER TITLE: TREASURER ADDRESS: 3 LIMITED PARKWAY CITY/ST/ZIP/CO: COLUMBUS, OH 43230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TODD G HELVIE TITLE: SVP, TAX ADDRESS: 3 LIMITED PKWY CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TODD G HELVIE	TODD G HELVIE, SVP, TAX	10/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		