RALPH MOIL	State of Rhode Is Office o	land and Prov f the Secretary		ions Fee: \$50.00
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040				
Limited Liability Annual Report Filing Period: Septem				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2008				
1. ID No. <u>000292926</u>				
2. Exact Name of the Limited Liability Company eTailDirect LLC				
3. State of Formation				
State: DE				
Internet sales of foo 5. Principal Office A	twear and accessories			
No. and Street:	810 DSW DRIVE			
City or Town:	COLUMBUS	State: OH	Zip: <u>43219</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>810 DSW DRIVE</u> City or Town: COLUMBUS State: OH Zip: 43219 Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual	Name	Ad	ddress
	First, Middle, Last, Suffix		Address, City or Towr	n, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 29 Day of October, 2008 at 1:37:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DOUGLAS J. PROBST</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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