

LOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003725

1. Corporation Name
BJ'S WHOLESALE CLUB, INC.

Amended

99 JUN 11 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
ONE MERCER RD P.O. BOX 9619
NATICK MA 01760 NATICK MA 01760-9619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1997	
1. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 04-3360747		Applied For ☐ Not Applicable	
2. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
3. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
4. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	ZARKIN, HERBERT J	1.2 NAME	Arthur T. Silk, JR
STREET ADDRESS	ONE MERCER RD	1.3 STREET ADDRESS	one mercer Rd.
CITY-ST-ZIP	NATICK MA 01760	1.4 CITY-ST-ZIP	Natick, MA, 01760
TITLE	D ☐ DELETE	2.1 TITLE	
NAME	WEISBERGER, EDWARD J	2.2 NAME	
STREET ADDRESS	ONE MERCER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	
NAME	NUGENT, JOHN J	3.2 NAME	
STREET ADDRESS	ONE MERCER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	
NAME	WEISBERGER, EDWARD J	4.2 NAME	
STREET ADDRESS	ONE MERCER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	4.4 CITY-ST-ZIP	
TITLE	SVP ☐ DELETE	5.1 TITLE	
NAME	GALLIVAN, SARAH M	5.2 NAME	
STREET ADDRESS	ONE MERCER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	5.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	6.1 TITLE	
NAME	FORWARD, FRANK D	6.2 NAME	
STREET ADDRESS	ONE MERCER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA 01760	6.4 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.

SIGNATURE: Frank Forward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/99 508-651-7400
Date Daytime Phone #

CR2E034 (11/98)