2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003725

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

Principal Place of Business	Mailing Address
ONE MERCER RD NATICK, MA 01760-9601	P.O. BOX 9601 NATICK, MA 01760-9601

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3360747

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZARKIN, HERBERT J
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760
TITLE	VP
NAME	BIRES, LISA M
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760
TITLE	PCEO
NAME	WEDGE, MICHAEL T
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760
TITLE	SVPT
NAME	SILK, ARTHUR T JR
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760
TITLE	SVS
NAME	WALKER, KELLYE L
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760
TITLE	EVP
NAME	FORWARD, FRANK D
STREET ADDRESS	ONE MERCER RD
CITY-ST-ZIP	NATICK, MA 01760

000000558900
05/17/06-80113-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa M. Bires 4/27/06 508-651-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #