


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90153 028 \*\*\*150.00

**DOCUMENT # F99000005008**

1. Entity Name  
**LINENS 'N THINGS, INC.**



Principal Place of Business  
**6 BRIGHTON ROAD  
CLIFTON, NJ 07015**

Mailing Address  
**6 BRIGHTON ROAD  
CLIFTON, NJ 07015**


2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4252006 Chg-P CR2E034 (11/05)



4. FEI Number  
**22-3463939**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>CEO</b>	NAME <b>AXELROD, NORMAN</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>CEO &amp; PRES.</b>	NAME <b>ROBERT J. DINICOLA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS <b>6 BRIGHTON RD.</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>	
TITLE <b>VPD</b>	NAME <b>GILES, WILLIAM T</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>VPD</b>	NAME <b>SCULLIN, HUGH J</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>SIMONETTI, MICHELLE</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ASST. SEC.</b>	NAME <b>KEVIN DEERING</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS <b>6 BRIGHTON RD.</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>	
TITLE <b>V</b>	NAME <b>SILVA, BRIAN</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>ASST. TREAS.</b>	NAME <b>BARBARA SMITH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS <b>6 BRIGHTON RD.</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>	
TITLE <b>VPT</b>	NAME <b>DICK, DAVID</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6 BRIGHTON ROAD</b>	CITY-ST-ZIP <b>CLIFTON, NJ 07015</b>		STREET ADDRESS	CITY-ST-ZIP	

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:  **KEVIN DEERING** 4/28/06 (973) 778-1300  
ASST. SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #