
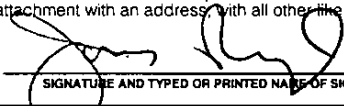


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90051 019 \*\*\*150.00

<b>DOCUMENT # F99000005008</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3463939	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINICOLA, ROBERT J		NAME		
STREET ADDRESS	6 BRIGHTON RD		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON, NJ 07015		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, FRANCIS M		NAME		
STREET ADDRESS	6 BRIGHTON RD.		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON, NJ 07015		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCULLIN, HUGH J		NAME		
STREET ADDRESS	6 BRIGHTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON, NJ 07015		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEERLING, KEVIN		NAME	JAMES RIGOLI	
STREET ADDRESS	6 BRIGHTON RD		STREET ADDRESS	6 BRIGHTON RD.	
CITY-ST-ZIP	CLIFTON, NJ 07015		CITY-ST-ZIP	CLIFTON, NJ 07015	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARBARA		NAME		
STREET ADDRESS	6 BRIGHTON RD		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON, NJ 07015		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 title empowered.					
SIGNATURE: 		JAMES RIGOLI		4/04/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VICE PRES.		Date	