2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P14403



FILED May 02, 2003 8:00 am Secretary of State

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Pincipal Pisson of Business P.O. 800 503 BOCK RATON FL 3845 BOLIECK HERE F. MAKING CHANGES Suite, April # del Sui	1. Entity Name OFFICE DEPOT, INC.						05-02-2003 90404 021	***150.0	00
Suite. Apt. 4, etc. Suite. Apt. 4, etc. Suite. Apt. 4, etc. Suite. Apt. 4, etc. City & State Country	2200 OLD GERMANTOWN RD DELRAY BEACH FL 33445		P.O. BOX 5029 BOCA RATON FL 33431						
City & State Country	2. Principal Place of Business		ess	3. Mailing Address			- 	ARI v erel esele 3:	IBII BIBII 1881
Zip Country Zip Country S. Certificate of Status Depinded See, 75 Additional Page 10	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
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 City City City FL ADDITIONS/CHANGES TO FINANCE TO Implicate dispersion of implication of implication dispersion dispe	City & State		City & State			4. FEI Number 59-2663954	—		
Name Name Street Address (PO_Box Number is Not Acceptable)	Zip	Zip Country		Zip Country		ntry			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE F. 132301-2525 City FL ZIP Code 6. 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. \$\tilde{\text{SIGNATURE}}		6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered A	gent	
1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Code FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligations of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligation of registered agent, or both, in the State of Flords. I am familiar with, and accept the coligation of registered agent, or both, in the State of Flords. I am familiar with, and accept the college of Flords agent. I FLE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fless ADD Directors II 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11.						Name			
TALLAHASSEE FL 32301-2525 City FL Zip Code Cit				Street Address (P.O. Box Number is Not Acceptable)					
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. \$\frac{5}{\text{GNATURE}}\$ \$\frac{2}{\text{SUBATURE}}\$ \$\frac{7}{\text{SUBATURE}}\$ \$\frac{7}{\text{SUBATURE}}\$									
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## FILE NOW!!! FEE IS \$150.00 #After May 1, 2003 Fee will be \$550.00 ### Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed o	or printed name of registered agent an	d title if applicable.	NOTE: Registere	d Agent signature required	d when reinstating) DATE		}
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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:

561) 437 - 4800