2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State P93000040747 DOCUMENT # 1. Entity Name BED BATH & BEYOND OF WEST PALM BEACH, INC. 05-27-2002 90329 049 ***150.00 Principal Place of Business . Mailing Address 650 LIBERTY AVE 650 LIBERTY AVE **UNION NJ 07083** UNION NJ 07083 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 22-3263034 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 13 12. TITLE ☐ Delete Change Addition EISENBERG, WARREN NAME STREET ADDRESS 650 LIBERTY AVE STREET ADDRESS CITY-ST-ZIP **UNION NJ 07083** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME FEINSTEIN, LEONARD NAME STREET ADDRESS 110 B-1 COUNTY BLVD. BI-COUNTY BLVD. STREET ADDRESS CITY-ST-ZIP FARMINGDALE NY 11735 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CURWIN, RONALD NAME STREET ADDRESS 650 LIBERTY AVE STREET ADDRESS CITY-ST-ZIP **UNION NJ 07083** CITY-ST-ZIP VAS TITLE ☐ Delete TITLE ☐ Change Addition NAME Temares, Steven NAME STREET ADDRESS 650 LIBERTY AVE STREET ADDRESS CITY-ST-ZIP **UNION NJ 07083** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CASTAGNA, EUGENE A NAME STREET ADDRESS **650 LIBERTY AVENUE** STREET ADDRESS CITY-ST-ZIP **UNION NJ 07083** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUGENE