## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

1996

NAME

STREET ADDRESS

Secretary of State
DIVISION OF CORPORATIONS

DOCUI	MENT # P940										
'	BATH AND BEYOND OF										
Principal Place of Business Mailing Address			The second secon				811 <b>88</b> 111 8.	AHRE ADIAL ORDIN			IJ
BED BATH & BEYOND INC 715 MORRIS AVE SPRINGFIELD NJ 07081		BED BATH & BEYOND INC 715 MORRIS AVE SPRINGFIELD NJ 07081									
US		US			3. Date Incorporated or O 09/16/1994	ualified	3a. Date	of Last R <b>05/01/</b> 1			
	ace of Business	2a. Mailing Address		=		4. FEI Number	\D	0		Applied For	
21	# oto	26				APPLIED FO	m22	-33 <i>690</i>		Not Applicab	le
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State	3	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	Zip	Cour			8. This corporation has liability for intangible		intangible ta:			
24	25 29 30		30			Florida Statutes Yes No					
	9. Name and Address of Curre	ent Registered Agent		<u></u>		10. Name and Address o	f New R	egistered A	lgent		
THE C	DENTICE HALL CORPORATION	N SVETCH INC	ľ	81 1	Name						
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST.			[	82	Street Addre	et Address (P.O. Box Number is Not Acceptable)					
SUITE			-	83							
TALLA	AHASSEE FL 32301			84 (	City	los   7- 0			. O. d.		
					•	FL 85 Zip Code					
j or register	to the provisions of Sections 607.050 agent, or both, in the State of Flo	rida. Such change was authorized	, the abov I by the co	/e-паг orpora	med corpora ation's board	ition submits this statement fo d of directors. Thereby accept	r the pur	pose of cha	nging its r	egistered offi	ice
familiar wi	th, and accept the obligations of, Sec	ction 607,0505, Florida Statutes.				, ,	, .		Ü		
SIGNATURE _	Signature, typed or printed name of registered age	nt anci title if applicable. (NOTE	Registered A	Agent się	gnature required v	when reinstating)		DATE			-   -
12.		ND DIRECTORS	13.	13.		ADDITIONS/CHANGES	TO OFF	ICERS AND	DIRECTO	PRS IN 12	- 6
TITLE	PD EISENBERG, WARREN	☐ DELETE	1. 1 1(1			Cr		) Change	Addition	CR2E034 (12/95)	
NAME STREET ADDRESS	715 MORRIS AVE		1.2 NA	NAME STREET ADDRESS							8
CITY-ST-ZIP	SPRINGFIELD NJ										Ž
TITLE	VSD	1.4 C DELETE 2.17		Y-51-Z ILE	ar	Ti (			1 Change	☐ Addition	
NAME	FEINSTEIN, LEONARD	I EUNYDD		2.2 NAME				L	, enange		
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS							
CITY-ST-ZIP	FARMINGDALE NY		24 CITY		ZIP						
TITLE	CHOMBAN DONALD	DELETE	3 1111	LE.					] Change	Addition	
NAME	CURWIN, RONALD		3.2 NAM								
STREET ADDRESS	715 MORRIS AVE SPRINGFIELD NJ		33 STI	REET AC	DØRESS						
CITY-ST-ZIP	OFRINGFIELD IN	C) DELETE		Y-ST-Z	ZIP					F-9	
TITLE NAME		☐ DELETE	4. 1 Til					L.	] Change	Addition	'
STREET ADDRESS			4.2 NAM		one ce						
CITY-ST-ZIP			4.3 STREE								
TITLE				4 CHY-ST-ZIP					] Change	Addition	
NAME			5 2 NA					_	J GHUNGO	LJ ZOGRION	
STREET ADDRESS				REET AOI	DRESS						
CITY - ST - ZIP				Y-ST-Z							
TITLE			6 1 TH				***********		] Change	Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment writth all address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of the corporation of the corporation of the corporation of true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment writth all address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

62 NAME

63 STREET AODRESS 64 CITY+ST-7IP