

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001058

**FILED**  
**Mar 25, 2019**  
**Secretary of State**  
**2902502201CC**

**Entity Name:** STAPLES PARENT, INC.

**Current Principal Place of Business:**

500 STAPLES DRIVE  
FRAMINGHAM, MA 01702

**Current Mailing Address:**

500 STAPLES DRIVE  
FRAMINGHAM, MA 01702 US

**FEI Number:** 04-2896127

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOUGLAS, J. ALEXANDER JR.  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            SECRETARY  
Name            GONZALEZ, CRISTINA  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            TREASURER  
Name            BRUZIOS, ELAINE F.  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            ASSISTANT SECRETARY  
Name            SHORES LAMBERT, STEPHANIE  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            DIRECTOR  
Name            LEDERER, JOHN A.  
Address        9 WEST 57TH STREET  
                  31ST FLOOR  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            KALUZNY, STEFAN  
Address        9 WEST 57TH STREET, 31ST FLOOR  
City-State-Zip: NEW YORK NY 10019

Title            DIRECTOR  
Name            HALL, JEFFREY L.  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            DIRECTOR  
Name            EACHUS, EVAN  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM NY 01702

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE SHORES LAMBERT

**ASSISTANT SECRETARY    03/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DOUGLAS, J. ALEXANDER JR.  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702