

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14403

**FILED**  
**Mar 28, 2013**  
**Secretary of State**  
**CC0772034935**

**Entity Name:** OFFICE DEPOT, INC.

**Current Principal Place of Business:**

6600 NORTH MILITARY TRAIL  
BOCA RATON, FL 33496

**Current Mailing Address:**

6600 NORTH MILITARY TRAIL  
BOCA RATON, FL 33496 US

**FEI Number:** 59-2663954

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 CCEO  
Name AUSTRIAN, NEIL R.  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

Title VCFO  
Name NEWMAN, MICHAEL D.  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

Title S  
Name GARCIA C., ELISA D  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

Title VPT  
Name LELAND, RICHARD  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

Title VP  
Name SIVAKANTHAN, SELLATHURAI  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

Title EVP  
Name ALLISON, MICHAEL R.  
Address 6600 NORTH MILITARY TRAIL  
City-State-Zip: BOCA RATON FL 33496

*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:** ELISA D GARCIA C. , GMM

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03/28/2013

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

\_\_\_\_\_  
Date