

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 828919 (1)  
1. Corporation Name  
B. DALTON BOOKSELLER, INC.



Principal Place of Business

122 FIFTH AVE  
ATTN TAX DEPT  
NEW YORK NY 10011  
US

Mailing Address

1400 OLD COUNTRY RD  
ATTN TAX DEPT  
WESTBURY NY 11590  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 122 Fifth Ave  
Suite, Apt. #, etc.

27 Attn: Tax Dept  
City & State

28 New York NY  
Zip Country

29 10011 30 US

3. Date Incorporated or Qualified

10/30/1972

4. FEI Number

41-0906277

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO  
NAME RIGGIO, LEONARD  
STREET ADDRESS 122 FIFTH AVE  
CITY-ST-ZIP NEW YORK, NY 10011 ☐ DELETE

TITLE SD  
NAME ROSEN, MICHAEL  
STREET ADDRESS 1290 AVE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10104 ☐ DELETE

TITLE EVP  
NAME KLIPPER, MITCHELL S  
STREET ADDRESS 122 5TH AVE.  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VPT  
NAME BABIN, ELIZABETH  
STREET ADDRESS 120 5TH AVE  
CITY-ST-ZIP NEW YORK NY 10011 ☐ DELETE

TITLE VPF  
NAME DUFFY, WILLIAM  
STREET ADDRESS 1400 OLD COUNTRY RD.  
CITY-ST-ZIP WESTBURY NY ☐ DELETE

TITLE AS  
NAME GORDON, STUART A  
STREET ADDRESS 1290 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the 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 to this address.

SIGNATURE

*[Signature]*

Assistant Secretary 4/29/98 (212) 632-2268

CR2E034 (10/97)