FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **854387** **(8)**

1. Corporation Name

TOYS "R" US, INC.

Principal Place of Business

395 WEST PASSAIC STREET
ROCHELLE POLK NJ 07662
US

Mailing Address

395 WEST PASSAIC STREET
ORCHELLE PARK NJ 07662
US

3. Date Incorporated or Qualified: **10/15/1982**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt #, etc — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 Country — 25 / 30

4. FEI Number: **13-5159250** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when registered) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOO	☐ DELETE	1.1 TITLE	P-COO-Director	☑ Change ☐ Addition
NAME	NAKASONE, ROBERT		1.2 NAME		
STREET ADDRESS	395 W PASSAIC ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHELLE PARK, NJ 0		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	500001879549	☐ Change ☐ Addition
NAME	WEISS, ANDRE		2.2 NAME	-06/28/96--01073--039	
STREET ADDRESS	395 W PASSAIC ST		2.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	ROCHELLE PARK, NJ 0		2.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	3.1 TITLE	CEO-Director	☑ Change ☐ Addition
NAME	GOLDSTEIN, MICHAEL		3.2 NAME		
STREET ADDRESS	395 W PASSIAC ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHELLE PARK, NJL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	Senior Vice Pres.	☐ Change ☑ Addition
NAME	MOORE, HOWARD		4.2 NAME	Miller, Michael	
STREET ADDRESS	395 W. PASSAIC STREET		4.3 STREET ADDRESS	395 West Passaic St	
CITY-ST-ZIP	ROCHELLE PARK, NJ.		4.4 CITY-ST-ZIP	Rochelle Park, NJ 07662	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAPLITS, STEVEN		5.2 NAME		
STREET ADDRESS	395 W PASSAIC ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHELLE PARK, NJ 0		5.4 CITY-ST-ZIP	05-01-96 OK	
TITLE	COB	☑ DELETE	6.1 TITLE	Director-CFO	☐ Change ☑ Addition
NAME	LAZARUS, CHARLES		6.2 NAME	Lipschitz, Louis	
STREET ADDRESS	395 W PASSAIC ST		6.3 STREET ADDRESS	395 West Passaic St	
CITY-ST-ZIP	ROCHELLE PARK, NJ 0		6.4 CITY-ST-ZIP	Rochelle Park, NJ 07662	

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 this 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 with an address.

SIGNATURE: Steven Taplits — Asst Secy (201) 368-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)