

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854387

1. Entity Name

TOYS "R" US-DELAWARE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90168 039 ***150.00

Principal Place of Business

225 SUMMIT AVENUE
MONTVALE NJ 07645
US

Mailing Address

225 SUMMIT AVENUE
MONTVALE NJ 07645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BLOCK, DENNIS	
STREET ADDRESS	225 SUMMIT AVENUE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	EYLER, JOHN H JR	
STREET ADDRESS	225 SUMMIT AVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHANNON, MICHAEL	
STREET ADDRESS	225 SUMMIT AVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TAPLITS, STEVEN	
STREET ADDRESS	225 SUMMIT AVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	LIPSCHITZ, LOUIS	
STREET ADDRESS	225 SUMMIT AVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Christopher K. Ray	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director / Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Peter W. Weiss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director, Senior Vice President	
STREET ADDRESS	225 Summit Avenue	
CITY-ST-ZIP	Montvale, NJ 07645	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)