

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90106 007 \*\*\*150.00

50049244



<b>DOCUMENT # 854387</b> 1. Entity Name <b>TOYS "R" US-DELAWARE, INC.</b>					
Principal Place of Business <b>TOYS R US</b> <b>ONE GEOFFREY WAY, ATTN: TAX DEPT.</b> <b>WAYNE, NJ 07470 US</b>			Mailing Address <b>TOYS R US</b> <b>ONE GEOFFREY WAY, ATTN: TAX DEPT.</b> <b>WAYNE, NJ 07470 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-5159250</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYES ST.</b> <b>STE. 105</b> <b>TALLAHASSEE, FL 32301</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAY, CHRISTOPHER K		NAME		
STREET ADDRESS	ONE GEOFFREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, NJ 07470		CITY-ST-ZIP		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EYLER, JOHN H JR		NAME		
STREET ADDRESS	ONE GEOFFREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, NJ 07470		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAPLITS, STEVEN		NAME	<i>Vice Pres Real Estate Council</i> <i>Ass't Secretary</i> <i>Michael J. Turnold</i> <i>one Geoffrey Way</i> <i>Wayne, NJ 07470</i>	
STREET ADDRESS	ONE GEOFFREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, NJ 07470		CITY-ST-ZIP		
TITLE	DCFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIPSCHITZ, LOUIS		NAME	<i>Director, Exec. Vice Pres + CFO</i> <i>Raymond L. Arthur</i> <i>one Geoffrey Way</i> <i>Wayne, NJ 07470</i>	
STREET ADDRESS	ONE GEOFFREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, NJ 07470		CITY-ST-ZIP		
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, PETER W		NAME		
STREET ADDRESS	ONE GEOFFREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, NJ 07470		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			<i>Power of Attorney</i> <i>State &amp; Local Tax Returns</i> <i>(073) 617-4645</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 50049244  
# 854387

**Toys "R" Us – Delaware, Inc.**

**One Geoffrey Way**

**Wayne, NJ 07470-2030**

John H. Eyler, Jr.

Christopher K. Kay

Raymond L. Arthur

Deborah Derby

Jon W. Kimmins

Peter W. Weiss

Charles D. Knight

Richard N. Cudrin

David P. Picot

David J. Schwartz

Michael L. Tumolo

Kimberly Brown

Fred Muller

Peter Oselador

President and Chief Executive Officer

Director; Executive Vice President – Operations; Secretary

Director; Executive Vice President and

Chief Financial Officer

Executive Vice President – Human Resources

Senior Vice President – Treasurer; Assistant Secretary

Director; Senior Vice President – Taxes; Assistant Secretary

Vice President – Corporate Controller

Vice President – Labor & Employment Counsel

Vice President – Real Estate, Design, Construction & Facilities

Senior Vice President – General Counsel; Assistant Secretary

Vice President – Real Estate Counsel; Assistant Secretary

Vice President – Procurement, Guest Services & Real Estate

Power of Attorney – state and local tax returns

Power of Attorney – sales and use, payroll, and property (real and personal) tax returns