

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 855445 (3)

1. Corporation Name

COLLEGE STORES ASSOCIATES, INC.



Principal Place of Business

C/O BARNES & NOBLE BOOKSTORES, INC.
105 FIFTH AVENUE
NEW YORK NY 10003

Mailing Address

C/O BARNES & NOBLE BOOKSTORES, INC.
105 FIFTH AVENUE
NEW YORK NY 10003

3. Date Incorporated or Qualified
02/04/1983

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

2. Principal Place of Business

2a. Mailing Address

21 33 EAST 17th Street

26 33 EAST 17th Street

4. FEI Number
04-2393656

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 305
NORTH MIAMI BCH., FL 33162

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 or officer

Date Registered Agent Signature Entered After Registration

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME RIGGIO, LEONARD
STREET ADDRESS 105 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY. ☐ DELETE

TITLE PD
NAME KAHN, ALAN
STREET ADDRESS 50 CENTRAL PARK WEST
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VS
NAME BROVER, BARRY
STREET ADDRESS 105 FIFTH AVE.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D
NAME HAINES, WILLIAM
STREET ADDRESS 120 FIFTH AVE.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 33 EAST 17th Street
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 33 EAST 17th Street
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 600001798286
5.4 CITY-ST-ZIP -04/29/96--01037--008

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS ***400.00
6.4 CITY-ST-ZIP

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 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY BROVER

4/19/96

(212) 539-2000

Date

Daytime Phone

CR2E034 (12/95)