

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90228 001 ***600.00

DOCUMENT # F98000000322

1. Entity Name
STAPLES CONTRACT & COMMERCIAL, INC.



Principal Place of Business
**500 STAPLES DR
FRAMINGHAM, MA 01701 US**

Mailing Address
**500 STAPLES DR
FRAMINGHAM, MA 01701 US**

00010046



05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3390816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOODY, JOSEPH 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WOERKOM, JACK 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYERSON, ROBERT 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, JOHN J 500 STAPLES DR FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #