

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90008 021 ***550.00

U1307-2-99 AS

DOCUMENT # F98000000323

1. Entity Name
STAPLES THE OFFICE SUPERSTORE EAST, INC.

Principal Place of Business 500 STAPLES DR FRAMINGHAM MA 01702 US	Mailing Address 500 STAPLES DR FRAMINGHAM MA 01702 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3176952**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SSARGENT, RONALD L	500 STAPLES DR	FRAMINGHAM MA 01702	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	HICKEY, PATRICK	500 STAPLES DR	FRAMINGHAM MA 01702	<input checked="" type="checkbox"/>	TREASURER	SWANSON, WILLIAM	500 STAPLES DRIVE	FRAMINGHAM, MA 01702	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	WOERKOM, JACK A	500 STAPLES DR	FRAMINGHAM MA 01702	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MAHONEY, JOHN J	500 STAPLES DR	FRAMINGHAM MA 01702	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE: William Swanson **9-4-01** **508-253-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)