

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90061 001 ***600.00

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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**

66401126



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3176952

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**

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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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SSARGENT, RONALD L
STREET ADDRESS 500 STAPLES DR
CITY-ST-ZIP FRAMINGHAM, MA 01702

TITLE T
NAME MAYERSON, ROBERT
STREET ADDRESS 500 STAPLES DRIVE
CITY-ST-ZIP FRAMINGHAM, MA 01702

TITLE S
NAME WOERKOM, JACK A
STREET ADDRESS 500 STAPLES DR
CITY-ST-ZIP FRAMINGHAM, MA 01702

TITLE D
NAME MAHONEY, JOHN J
STREET ADDRESS 500 STAPLES DR
CITY-ST-ZIP FRAMINGHAM, MA 01702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #