2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000323

City-St-Zip:

FRAMINGHAM, MA 01702

Entity Name: STAPLES THE OFFICE SUPERSTORE EAST, INC.

FILED May 04, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
500 STAP FRAMING	LES DR GHAM, MA 0170	2 US			
Current Mailing Address:			New Mailin	New Mailing Address:	
500 STAPLES DR FRAMINGHAM, MA 01702 US		ATT: NANC	500 STAPLES DR ATT: NANCY WHITE FRAMINGHAM, MA 01702 US		
FEI Number	r: 04-3176952	FEI Number Applied For ()	FEI Number Not Applie	cable () Certificate of Status Desired ()	
Name and	d Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SYS JTH PINE ISLAN TION, FL 33324				
	e named entity si e of Florida.	ubmits this statement for the լ	ourpose of changing its	s registered office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice		
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () I SSARGENT, ROI 500 STAPLES D FRAMINGHAM, N	R	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition MILES, MICHAEL 500 STAPLES DR FRAMINGHAM, MA 01702	
Title: Name: Address: City-St-Zip:	T () I MAYERSON, RO 500 STAPLES D FRAMINGHAM, N	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S ()I WOERKOM, JAC		Title:	() Change () Addition	
City-St-Zip:	500 STAPLES D FRAMINGHAM, N	R	Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT K MAYERSON T 05/04/2006