2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # F9900005008 1. Entity Name LINENS 'N THINGS, INC. 05-01-2000 90378 024 ***150.00 Mailing Address Principal Place of Business 6 BRIGHTON ROAD 6 BRIGHTON ROAD CLIFTON NJ 07015 CLIFTON NJ 07012-1647 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3463939 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE AXELROD, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS **6 BRIGHTON ROAD** CITY-ST-ZIP CITY-ST-ZIP CLIFTON NJ 07015 ☐ Change ☐ Addition VD TITLE ☐ Delete GILES, WILLIAM T NAME STREET ADDRESS **6 BRIGHTON ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLIFTON NJ 07015 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCULLIN, HUGH J NAME NAME STREET ADDRESS STREET ADDRESS **6 BRIGHTON ROAD** CITY-ST-ZIP CITY-ST-ZIP CLIFTON NJ 07015 □ Change ☐ Addition ☐ Delete TITLE TITLE SILVERSTEIN. STEVEN B NAME NAME STREET ADDRESS STREET ADDRESS **6 BRIGHTON ROAD** CITY-ST-ZIP CITY-ST-ZIP **CLIFTON NJ 07015** Change ☐ Addition TITLE ☐ Delete TITLE NAME SILVA. BRIAN NAME STREET ADDRESS STREET ADDRESS **6 BRIGHTON ROAD** CITY-ST-7IP CITY-ST-ZIP **CLIFTON NJ 07015** Change ☐ Addition ☐ Delete TITLE TITLE MEANEY, MATTHEW J NAME **6 BRIGHTON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLIFTON NJ 07015**

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 attachm ant with an address, with all other like empowered.

ICK 4/15/00 (973) 178-1300

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