

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005008

1. Entity Name
LINENS 'N THINGS, INC.



Principal Place of Business
**6 BRIGHTON ROAD
CLIFTON, NJ 07015**

Mailing Address
**6 BRIGHTON ROAD
CLIFTON, NJ 07015**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3463939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	AXELROD, NORMAN
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

TITLE	VP
NAME	GILES, WILLIAM T
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

TITLE	VP
NAME	SCULLIN, HUGH J
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

TITLE	AS
NAME	SIMONETTI, MICHELLE
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

TITLE	V
NAME	SILVA, BRIAN
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

TITLE	VPT
NAME	DICK, DAVID
STREET ADDRESS	6 BRIGHTON ROAD
CITY-ST-ZIP	CLIFTON, NJ 07015

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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

**MICHELLE SIMONETTI
ASST. SEC**

Date

4/21/05 (423) 778-1300

Daytime Phone #