# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78890** **(5)**

1. Corporation Name

**BED BATH & BEYOND OF SAWGRASS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~% PRENTICE HALL CORP. SYSTEM~~<br>~~110 NORTH MAGNOLIA STREET~~<br>~~TALLAHASSEE FL 32301~~ | ~~% PRENTICE HALL CORP. SYSTEM~~<br>~~110 NORTH MAGNOLIA STREET~~<br>~~TALLAHASSEE FL 32301~~ |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/08/1990 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 22-3056776 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 % Bed Bath & Beyond Inc. | 26 % Bed Bath & Beyond Inc. |
| Suite, Apt. #, etc: 22 715 Morris Avenue | Suite, Apt. #, etc: 27 715 Morris Avenue |
| City & State: 23 Springfield NJ | City & State: 28 Springfield NJ |
| Zip: 24 07081 Country: 25 USA | Zip: 29 07081 Country: 30 USA |

9. Name and Address of Current Registered Agent

~~PRENTICE HALL CORP. SYSTEM~~
~~110 NORTH MAGNOLIA STREET~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM INC
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
83: SUITE 105
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when changed.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | EISENBERG, WARREN | 12 NAME | 300001478783 |
| STREET ADDRESS | 715 MORRIS AVE. | 13 STREET ADDRESS | -05/08/95--01045--024 |
| CITY ST ZIP | SPRINGFIELD NJ | 14 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | ~~DST~~ | 21 TITLE | D/S/VP ☒ Change ☐ Addition |
| NAME | FEINSTEIN, LEONARD | 22 NAME | |
| STREET ADDRESS | ~~340 WALT WHITMAN ROAD~~ | 23 STREET ADDRESS | 110 Bi County Blvd |
| CITY ST ZIP | ~~HUNTINGTON STATION NY~~ | 24 CITY ST ZIP | FARMINGDALE NY 11735 |
| TITLE | | 31 TITLE | T ☐ Change ☒ Addition |
| NAME | | 32 NAME | CURWIN, RONALD |
| STREET ADDRESS | | 33 STREET ADDRESS | 715 MORRIS AVENUE |
| CITY ST ZIP | | 34 CITY ST ZIP | SPRINGFIELD NJ 07081 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added above with an address.

**SIGNATURE:** _____ RONALD CURWIN 4/27/95 (201) 379-1920
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026025 CP