


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L78890 1. Entity Name BED BATH & BEYOND OF SAWGRASS, INC.	
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Principal Place of Business 650 LIBERTY AVE UNION, NJ 07083 US	Mailing Address 650 LIBERTY AVE ATTN:TAX DEPT UNION, NJ 07083 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3056776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000932993 05/22/08-80075-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, WARREN 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FEINSTEIN, LEONARD 110 BI COUNTY BLVD FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAUCH, ALLEN 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TEMARES, STEVEN 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTAGNA, EUGENE A 650 LIBERTY AVE UNION, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LATTMANN, SUSAN E 650 LIBERTY AVE UNION, NJ 07083

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Susan E Lattmann ASST. TREASURER 4/25/08 (908) 688-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN E. LATTMANN