

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78890

FILED
Apr 20, 2009
Secretary of State

Entity Name: BED BATH & BEYOND OF SAWGRASS, INC.

Current Principal Place of Business:

650 LIBERTY AVE
UNION, NJ 07083 US

New Principal Place of Business:

Current Mailing Address:

650 LIBERTY AVE
ATTN:TAX DEPT
UNION, NJ 07083 US

New Mailing Address:

FEI Number: 22-3056776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EISENBERG, WARREN
Address: 650 LIBERTY AVE
City-St-Zip: UNION, NJ 07083

Title: VPS () Delete
Name: FEINSTEIN, LEONARD
Address: 110 BI COUNTY BLVD
City-St-Zip: FARMINGDALE, NY 11735

Title: AS () Delete
Name: RAUCH, ALLEN
Address: 650 LIBERTY AVE
City-St-Zip: UNION, NJ 07083

Title: VAS () Delete
Name: TEMARES, STEVEN
Address: 650 LIBERTY AVE
City-St-Zip: UNION, NJ 07083

Title: T () Delete
Name: CASTAGNA, EUGENE A
Address: 650 LIBERTY AVE
City-St-Zip: UNION, NJ 07083

Title: AT () Delete
Name: LATTMANN, SUSAN E
Address: 650 LIBERTY AVE
City-St-Zip: UNION, NJ 07083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SUSAN E. LATTMANN

AR

04/20/2009

Electronic Signature of Signing Officer or Director

Date