

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000051213**

1. Entity Name

**BURLINGTON COAT FACTORY REALTY OF UNIVERSITY  
SQUARE, INC.**



Principal Place of Business

**1830 RT. 130  
BURLINGTON, NJ 08016**

Mailing Address

**1830 RT. 130  
BURLINGTON, NJ 08016**

**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-3724802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEALE, WADE  
% BURLINGTON COAT FACTORY  
25813 ROUTE 19 N  
CLEARWATER, FL 34623**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CDP  
MILSTEIN, MONROE G  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
LAPENTA, ROBERT  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
MILSTEIN, ANDREW  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
MILSTEIN, STEPHEN  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVPS  
TANG, PAUL C  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVCO  
NESCI, MARK A  
1830 ROUTE 130 N  
BURLINGTON, NJ 08016**

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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)(b), 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

**ROBERT L. LA PETTA  
CFO**

Date

**5-21-04**

Daytime Phone #

**609 387-2800**