

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 002 ***150.00

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1. Entity Name
BJ'S FL DISTRIBUTION CENTER, INC.



Principal Place of Business

ONE MERCER ROAD
NATICK, MA 01760

Mailing Address

ONE MERCER ROAD
NATICK, MA 01760

00043343



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4241517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 PD
NAME WEDGE, MICHAEL T
STREET ADDRESS ONE MERCER ROAD
CITY-ST-ZIP NATICK, MA 01760

TITLE SRVP
NAME SILK, ARTHUR T JR
STREET ADDRESS ONE MERCER ROAD
CITY-ST-ZIP NATICK, MA 01760

TITLE EVPD
NAME FORWARD, FRANK D
STREET ADDRESS ONE MERCER ROAD
CITY-ST-ZIP NATICK, MA 01760

TITLE SD
NAME WALKER, KELLYE L
STREET ADDRESS ONE MERCER ROAD
CITY-ST-ZIP NATICK, MA 01760

TITLE VP
NAME BAIRES, LISA M
STREET ADDRESS ONE MERCER ROAD
CITY-ST-ZIP NATICK, MA 01760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

WA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR T. SILK JR. 04-27-05 508-651-7400