

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-30-2004 90240 037 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| | |
|--|--------|
| DOCUMENT # | P08918 |
| 1. Entity Name | |
| Barnes & Noble College Booksellers, Inc. | |

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| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 120 Mountain View Boulevard | | Suite, Apt. #, etc. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Basking Ridge, NJ | | | |
| Zip | Country | Zip | Country |
| 07920 | | | |

| | |
|---|--------------------------------|
| 4. FEI Number | Applied For |
| 13-2536119 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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66426267

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7. Name and Address of Current Registered Agent

Name: *Capitol Corporate Services, Inc.*
Street Address (P.O. Box Number is Not Acceptable)
1333 N Duval St.
City *Tallahassee* **FL** Zip Code *32303*

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | CEO |
| NAME | Riggio, Leonard |
| STREET ADDRESS | 105 Fifth Ave |
| CITY-ST-ZIP | New York, NY 10012 |
| TITLE | D |
| NAME | Kahn, Alan |
| STREET ADDRESS | 120 Mountain View Boulevard |
| CITY-ST-ZIP | Basking Ridge, NJ 07920 |
| TITLE | D |
| NAME | Haines, Williams |
| STREET ADDRESS | 120 Fifth Avenue |
| CITY-ST-ZIP | New York, NY 10011 |
| TITLE | D |
| NAME | Rosen, Michael |
| STREET ADDRESS | 230 Park Avenue |
| CITY-ST-ZIP | New York, NY 10021 |
| TITLE | PD |
| NAME | Roberts, Max |
| STREET ADDRESS | 120 Mountain View Boulevard |
| CITY-ST-ZIP | Basking Ridge, NJ 07920 |
| TITLE | VP |
| NAME | Jack Dill |
| STREET ADDRESS | 120 Mountain View Boulevard |
| CITY-ST-ZIP | Basking Ridge, NJ 07920 |

11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004
Date

908-991-2400
Daytime Phone #