


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P08916		
1. Entity Name BARNES & NOBLE COLLEGE BOOKSELLERS, INC.		
Principal Place of Business 120 MOUNTAIN VIEW BLVD. BASKING RIDGE, NJ 10003-0792 0	Mailing Address 120 MOUNTAIN VIEW BLVD. BASKING RIDGE, NJ 10003-0792 0	



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

000000219749
02/08/05-80040-002 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RIGGIO, LEONARD 105 FIFTH AVE. NEW YORK, NY 10012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, ALAN 120 MOUNTAIN VIEW BLVD. BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, WILLIAMS 120 FIFTH AVENUE NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, MICHAEL 230 PARK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, MAX 120 MOUNTAIN VIEW BOULEVARD BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILL, JACK 120 MOUNTAIN VIEW BOULEVARD BASKING RIDGE, NJ 07920

DO NOT WRITE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #