

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 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**

Mailing Address  
**120 MOUNTAIN VIEW BLVD.  
BASKING RIDGE, NJ 10003-0792**

**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number **13-2536119** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

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, 2006 Fee will be \$550.00**

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 BLVD.
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	DILL, JACK
STREET ADDRESS	120 MOUNTAIN VIEW BOULEVARD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920

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01/20/06-80036-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/31/06

Date

908-991-2400

Daytime Phone #