

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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**



01032008 No Chg-P CR2E034 (11/05)

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**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, 2008 Fee will be \$550.00**

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	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 BOVER, BARRY 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 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

Date

Daytime Phone #

1/4/08

908-991-2400