2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P08916

Entity Name: BARNES & NOBLE COLLEGE BOOKSELLERS, INC.

Current Principal Place of Business:

120 MOUNTAIN VIEW BLVD.
BASKING RIDGE, NJ 100030792

New Principal Place of Business:

Current Mailing Address:

120 MOUNTAIN VIEW BLVD.
BASKING RIDGE, NJ 100030792

New Mailing Address:

FEI Number: 13-2536119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	RIGGIO, LEONARD,	
Address:	105 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10012	
Title:	D	( ) Delete
Name:	KAHN, ALAN,	
Address:	120 MOUNTAIN VIEW BLVD.	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	D	( ) Delete
Name:	HAINES, WILLIAMS	
Address:	120 FIFTH AVENUE	
City-St-Zip:	NEW YORK, NY 10011	
Title:	D	( ) Delete
Name:	ROSEN, MICHAEL	
Address:	230 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10021	
Title:	PD	( ) Delete
Name:	ROBERTS, MAX	
Address:	120 MOUNTAIN VIEW BOULEVARD	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	VP	( ) Delete
Name:	BOVER, BARRY	
Address:	120 MOUNTAIN VIEW BOULEVARD	
City-St-Zip:	BASKING RIDGE, NJ 07920	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY BROVER VP 01/08/2009

Electronic Signature of Signing Officer or Director — Date