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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13641

1. Corporation Name
DOUBLEDAY BOOK SHOPS, INC.

Principal Place of Business

122 FIFTH AVE
ATTN: TAX DEPARTMENT
NEW YORK NY 10011
US

Mailing Address

122 FIFTH AVENUE
ATTN: TAX DEPT
NY NY 10011
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1987

4. FEI Number

11-1971604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPT ☒ DELETE
NAME BABIN, ELIZABETH R
STREET ADDRESS 120 FIFTH AVE
CITY-ST-ZIP NEW YORK NY 10011

TITLE VP ☒ DELETE
NAME DUFFY, WILLIAM
STREET ADDRESS 1400 OLD COUNTRY ROAD
CITY-ST-ZIP WESTBURY NY 11590

TITLE CEO ☐ DELETE
NAME RIGGIO, LEONARD
STREET ADDRESS 122 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10011

TITLE DS ☐ DELETE
NAME ROSEN, MICHAEL
STREET ADDRESS 1290 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE
NAME HESSELS, JAN M
STREET ADDRESS DEKLENCKE 6, 1083 H H
CITY-ST-ZIP AMSTERDAM HO

TITLE P ☒ DELETE
NAME TERRILL, KRISTINE M
STREET ADDRESS 122 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Compt. ☐ Change ☒ Addition
1.2 NAME Archbold, Michael
1.3 STREET ADDRESS 122 Fifth Ave.
1.4 CITY-ST-ZIP New York, NY 10011

2.1 TITLE EVP of Fin. ☐ Change ☒ Addition
2.2 NAME Toulantis, Marie J.
2.3 STREET ADDRESS 122 Fifth Ave.
2.4 CITY-ST-ZIP New York, NY 10011

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P ☐ Change ☒ Addition
6.2 NAME O'Neill, Frank
6.3 STREET ADDRESS 122 Fifth Ave.
6.4 CITY-ST-ZIP New York, NY 10011

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)