

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90139 002 \*\*\*150.00

**DOCUMENT # P13641**

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-1971604**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete  
NAME **ARCHBOLD, MICHAEL**  
STREET ADDRESS **122 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE **CFO** ☒ Change ☐ Addition  
NAME **Larry Zilavy**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **O'CONNELL, MAUREEN**  
STREET ADDRESS **122 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE **COO** ☐ Change ☒ Addition  
NAME **Mitchell Klipper**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO** ☒ Delete  
NAME **RIGGIO, LEONARD**  
STREET ADDRESS **122 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE **CEO** ☐ Change ☒ Addition  
NAME **Stephen Riggio**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MILLER, IRENE**  
STREET ADDRESS **122 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **HOLLAND, THOMAS W**  
STREET ADDRESS **122 FIFTH AVE**  
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE **AS** ☒ Change ☒ Addition  
NAME **John P. McSweeney**  
STREET ADDRESS  
CITY-ST-ZIP

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 OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John P. McSweeney*  
Date

**212-633-3559**  
Daytime Phone #

CR2E034 (10/02)