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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15738** (8)

1. Corporation Name
BARNES & NOBLE SUPERSTORES, INC.

Principal Place of Business

**1400 OLD COUNTRY RD.
ATTN: TAX DEPT.
WESTBURY NY 11590**

Mailing Address

**% CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801-1120
US**



2. Principal Place of Business

21 **122 Fifth Ave.**

Suite, Apt. #, etc.

22 **Attn: Tax Dept.**

City & State

23 **New York, NY**

Zip

24 **10011**

Country

25 **U.S.A.**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/28/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

74-2225928

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 607.0602 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 ☐ DELETE

NAME **VT**
BABIN, ELIZABETH R
STREET ADDRESS **120 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ DELETE

NAME **VP**
KIRK, JIM
STREET ADDRESS **120 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ DELETE

NAME **CEO**
RIGGIO, LEONARD
STREET ADDRESS **122 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ DELETE

NAME **COAS**
RIGGIO, STEPHEN
STREET ADDRESS **122 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ DELETE

NAME **P**
KLIPPER, MITCHELL S.
STREET ADDRESS **122 FIFTH AVE**
CITY-ST-ZIP **NEW YORK NY 10011**

TITLE ☐ DELETE

NAME **President**
Thomas A Tolworthy
STREET ADDRESS **122 Fifth Ave.**
CITY-ST-ZIP **New York, NY 10011**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Assistant Secretary 4/1/97 (212)633-3298

CR2E034 (9/96)