

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90045 005 \*\*\*150.00

DOCUMENT # P15738

1. Corporation Name

BARNES & NOBLE BOOKSELLERS, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1987

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	VT	<input checked="" type="checkbox"/> DELETE
NAME	BABIN, ELIZABETH R	
STREET ADDRESS	120 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, JIM	
STREET ADDRESS	120 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	RIGGIO, LEONARD	
STREET ADDRESS	122 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	COAS	<input type="checkbox"/> DELETE
NAME	RIGGIO, STEPHEN	
STREET ADDRESS	122 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KLIPPER, MITCHELL S.	
STREET ADDRESS	122 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TOLWORTHY, THOMAS A	
STREET ADDRESS	122 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Compt.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Michael Archbold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 4/27/99 (212) 633-3298

Date

Daytime Phone #

CR2E034 (11/98)