


FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90029 049 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P15738 1. Entity Name BARNES & NOBLE BOOKSELLERS, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40003702



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 74-2225928	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST TALLAHASSEE, FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City
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7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
CFO	LOMBARDI, JOSEPH	<input type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE.		
CITY-ST-ZIP NEW YORK, NY 10011		
S	ROSEN, MICHAEL	<input type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE		
CITY-ST-ZIP NEW YORK, NY 10011		
CEO	RIGGIO, STEPHEN	<input type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE.		
CITY-ST-ZIP NEW YORK, NY 10011		
T	WEISENSED, JOHN	<input checked="" type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE.		
CITY-ST-ZIP NEW YORK, NY 10011		
COO	KLIPPER, MITCHELL S.	<input type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE		
CITY-ST-ZIP NEW YORK, NY		
AS	MC SWEENEY, JOHN P	<input type="checkbox"/>
STREET ADDRESS 122 FIFTH AVE		
CITY-ST-ZIP NEW YORK, NY 10011		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

EVP
 William Duffy
 122 Fifth Ave
 NY NY 10011

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: John P. McSweeney John McSweeney 1/6/05 212633-3559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #