# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40505** **(0)**

1. Corporation Name
**STAPLES THE OFFICE SUPERSTORE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 PENNSYLVANIA AVENUE<br>ATTN: TAX DEPT.<br>FRAMINGHAM MA 01701-9026 | 100 PENNSYLVANIA AVENUE<br>ATTN: TAX DEPT.<br>FRAMINGHAM MA 01701-9026 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/15/1992 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 04-2896127 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | C | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | STEMBERG, THOMAS G. | 12 NAME | | |
| STREET ADDRESS | 70 CHESTNUT STREET | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON MA | 14 CITY-ST-ZIP | | |
| TITLE | P | 21 TITLE | President | ☒ Change ☐ Addition |
| NAME | PEPI, LOUIS R | 22 NAME | Hanaka, Martin E | |
| STREET ADDRESS | 21 BACK RIVER WAY | 23 STREET ADDRESS | 4 Woodcrest Road. | |
| CITY-ST-ZIP | DUXBURY MA | 24 CITY-ST-ZIP | Westboro, MA 01581 | |
| TITLE | VS | 31 TITLE | Vice President & Treasurer | ☒ Change ☐ Addition |
| NAME | SPELLMAN, ROBERT R. | 32 NAME | Meyerson, Robert | |
| STREET ADDRESS | 9 FOX HOLLOW LANE | 33 STREET ADDRESS | 139 Stow Road | |
| CITY-ST-ZIP | SHARON MA | 34 CITY-ST-ZIP | Harvard, MA 01451 | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | KAHN, LEO | 42 NAME | | |
| STREET ADDRESS | 180 KENT STREET | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | WABAN MA | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | LUBRANO, DAVID G. | 52 NAME | | |
| STREET ADDRESS | 94 OTIS STREET | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | HINGHAM MA | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | MORIARITY, ROWLAND T. | 62 NAME | | |
| STREET ADDRESS | 105 HUNDREDS ROAD | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | WELLESLEY MA | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** ✓ Robert Meyerson 4/4/95 508-370-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473765 FP