

4-3-97 B-3927C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40505** (0)  
1. Corporation Name  
**STAPLES THE OFFICE SUPERSTORE, INC.**

Principal Place of Business <b>100 PENNSYLVANIA AVENUE ATTN: TAX DEPT. FRAMINGHAM MA 01701-8328</b>	Mailing Address <b>100 PENNSYLVANIA AVENUE ATTN: TAX DEPT. FRAMINGHAM MA 01701-8822</b>
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2. Principal Place of Business 21 <b>1 Research Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Westboro, MA</b> Zip 24 <b>01581</b> Country 25 <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>09/15/1992</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>04-2896127</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T 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 <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEMBERG, THOMAS G.</b>	1.2 NAME	
STREET ADDRESS	<b>70 CHESTNUT STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANAKA, MARTIN E</b>	2.2 NAME	
STREET ADDRESS	<b>4 WOODCREST RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTBORO MA</b>	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYERSON, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>139 STOW RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARVARD MA</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAHN, LEO</b>	4.2 NAME	
STREET ADDRESS	<b>180 KENT STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WABAN MA</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBRANO, DAVID G.</b>	5.2 NAME	
STREET ADDRESS	<b>94 OTIS STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HINGHAM MA</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORIARTY, ROWLAND T.</b>	6.2 NAME	
STREET ADDRESS	<b>105 HUNDREDS ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	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 or is changed in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)