

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
**1 RESEARCH DR
WESTBRO MA 01581
US**

Mailing Address
**100 PENNSYLVANIA AVENUE
ATTN: TAX DEPT.
FRAMINGHAM MA 01701-9328**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 04-2896127	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	85 Zip Code FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMBERG, THOMAS G.	1.2 NAME	
STREET ADDRESS	70 CHESTNUT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAKA, MARTIN E	2.2 NAME	PRESIDENT
STREET ADDRESS	4 WOODCREST RD	2.3 STREET ADDRESS	1121 APPLE BRIAR LANE
CITY-ST-ZIP	WESTBORO MA	2.4 CITY-ST-ZIP	MARLBORO MA 01752
TITLE	VPT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYERSON, ROBERT	3.2 NAME	TREASURER
STREET ADDRESS	139 STOW RD	3.3 STREET ADDRESS	PATRICK A HICKEY
CITY-ST-ZIP	HARVARD MA	3.4 CITY-ST-ZIP	35 WINSOR ROAD
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, LEO	4.2 NAME	
STREET ADDRESS	180 KENT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WABAN MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBRANO, DAVID G.	5.2 NAME	900002547319
STREET ADDRESS	94 OTIS STREET	5.3 STREET ADDRESS	-06/04/98--01033--003
CITY-ST-ZIP	HINGHAM MA	5.4 CITY-ST-ZIP	***300.00
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, ROWLAND T.	6.2 NAME	
STREET ADDRESS	105 HUNDREDS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	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.

SIGNATURE _____

CR2E034 (10/97)