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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 047 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P40505

1. Corporation Name

STAPLES THE OFFICE SUPERSTORE, INC.



Principal Place of Business

Mailing Address

1 RESEARCH DR
WESTBRO MA 01581
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1992

4. FEI Number

04-2896127 04-3102589

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

2a. Mailing Address

21 **500 Staples Drive**

26 **500 Staples Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Framingham MA**

24 Zip Country

25 **USA**

27 City & State

28 **Framingham MA**

29 Zip Country

30 **USA**

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

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 **C** ☐ DELETE
NAME **STEMBERG, THOMAS G.**
STREET ADDRESS **70 CHESTNUT STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE **P** ☐ DELETE
NAME **SARGENT, RONALD**
STREET ADDRESS **1121 APPLE BRIAR LANE**
CITY-ST-ZIP **MARLBORO MA 01752**

TITLE **T** ☐ DELETE
NAME **HICKEY, PATRICK**
STREET ADDRESS **35 WINDSOR RD**
CITY-ST-ZIP **SUDBURY MA 01776**

TITLE **D** ☒ DELETE
NAME **KAHN, LEO**
STREET ADDRESS **180 KENT STREET**
CITY-ST-ZIP **WABAN MA**

TITLE **D** ☒ DELETE
NAME **LUBRANO, DAVID G.**
STREET ADDRESS **94 OTIS STREET**
CITY-ST-ZIP **HINGHAM MA**

TITLE **D** ☒ DELETE
NAME **MORIARTY, ROWLAND T.**
STREET ADDRESS **105 HUNDREDS ROAD**
CITY-ST-ZIP **WELLESLEY MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Secretary**

1.3 STREET ADDRESS **Jack A. Van Woerkom**

1.4 CITY-ST-ZIP **500 Staples Drive**

2.1 TITLE **Framingham, MA 01702**

2.2 NAME **President & Director**

2.3 STREET ADDRESS **500 Staples Drive**

2.4 CITY-ST-ZIP **Framingham, MA 01702**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **500 Staples Drive**

3.3 STREET ADDRESS **Framingham, MA 01702**

3.4 CITY-ST-ZIP **Framingham, MA 01702**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**

4.3 STREET ADDRESS **John J. Mahoney**

4.4 CITY-ST-ZIP **500 Staples Drive**

4.5 CITY-ST-ZIP **Framingham, MA 01702**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

426-99

Date

508-370-8500

Daytime Phone #

CR2E034 (11/98)