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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000033359 (9)**

1. Corporation Name
BED BATH & BEYOND OF HIALEAH INC.

Principal Place of Business	Mailing Address
715 MORRIS AVE SPRINGFIELD NJ 07081 US	715 MORRIS AVE SPRINGFIELD NJ 07081-1516 US

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 650 LIBERTY AVE
22 Suite, Apt. #, etc.
23 City & State: UNION, NJ
24 Zip: 07083
25 Country: US

2a. Mailing Address
26 650 LIBERTY AVE
27 Suite, Apt. #, etc.
28 City & State: UNION, NJ
29 Zip: 07083
30 Country: US

4. FEI Number: 22-3293809 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EISENBERG, WARREN		1.2 NAME		
STREET ADDRESS	715 MORRIS AVE.		1.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	SPRINGFIELD NJ		1.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEINSTEIN, LEONARD		2.2 NAME		
STREET ADDRESS	110 BICOUNTY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE NY		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CURWIN, RONALD		3.2 NAME		
STREET ADDRESS	715 MORRIS AVE.		3.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	SPRINGFIELD NJ		3.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE		☐ DELETE	4.1 TITLE	ASST SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	TEMARES, STEVEN	
STREET ADDRESS			4.3 STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	UNION, NJ 07083	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: RONALD CURWIN 4-2-97 908 688-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #