

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000075191 (4)**  
 1. Corporation Name  
**BED BATH & BEYOND OF WEST KENDALL INC.**



Principal Place of Business <b>715 MORRIS AVE                  SPRINGFIELD NJ 07081                  US</b>	Mailing Address <b>715 MORRIS AVE                  SPRINGFIELD NJ 07081-1518                  US</b>
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2. Principal Place of Business 21 <b>650 LIBERTY AVE</b> Suite, Apt. #, etc. 22 23 <b>LINCOLN, NJ</b> City & State 24 <b>07083</b> 25 <b>US</b> Zip Country	2a. Mailing Address 26 <b>650 LIBERTY AVE</b> Suite, Apt. #, etc. 27 28 <b>LINCOLN, NJ</b> City & State 29 <b>07083</b> 30 <b>US</b> Zip Country
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3. Date Incorporated or Qualified <b>10/13/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>22-3393890</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	

8. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
**FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EISENBERG, WARREN	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, LEONARD	
STREET ADDRESS	110 BI COUNTY BLVD	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE		<input type="checkbox"/> DELETE
NAME	CURWIN, RONALD	
STREET ADDRESS	715 MORRIS AVE	
CITY-ST-ZIP	SPRINGFIELD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>650 LIBERTY AVE</b>
1.4 CITY-ST-ZIP	<b>LINCOLN, NJ 07083</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>650 LIBERTY AVE</b>
3.4 CITY-ST-ZIP	<b>LINCOLN, NJ 07083</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ASST. SECRETARY</b>
4.3 STREET ADDRESS	<b>TEMARES, STEVEN</b>
4.4 CITY-ST-ZIP	<b>650 LIBERTY AVE</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE: **RONALD CURWIN 4-2-97 908 688-0888**

CFR2034 (9/96)