FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000003236 (3)**

1. Corporation Name

FEDERAL HWY. LINENS 'N THINGS, INC.

Principal Place of Business
ONE THEALL RD
RYE NY 10580

Mailing Address
ONE THEALL RD
RYE NY 10580

3. Date Incorporated or Qualified: **01/12/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 6 BRIGHTON RD
Suite, Apt. #, etc.
22 P O BOX 5108
City & State
23 CLIFTON NJ
Zip 24 07015 Country 25 US

2a. Mailing Address
26 6 BRIGHTON RD
Suite, Apt. #, etc.
27 P O BOX 5108
City & State
28 CLIFTON NJ
Zip 29 07015 Country 30 US

4. FEI Number: 59-3294528 — 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

UNITED STATES CORPORATION COMPANY
1201 HAYS ST, 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 of Registered Agent signature required if not typed above — DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☑ Addition
1.2 NAME	AXELROD, NORMAN	
1.3 STREET ADDRESS	6 BRIGHTON RD	
1.4 CITY-ST-ZIP	CLIFTON NJ 07015	
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	GILES, WILLIAM	
2.3 STREET ADDRESS	6 BRIGHTON RD	
2.4 CITY-ST-ZIP	CLIFTON NJ 07015	
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	DICK, DAVID	
3.3 STREET ADDRESS	6 BRIGHTON RD	
3.4 CITY-ST-ZIP	CLIFTON NJ 07015	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	RICHARDS, ARTHUR	
4.3 STREET ADDRESS	6 BRIGHTON RD	
4.4 CITY-ST-ZIP	CLIFTON NJ 07015	
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		

C000001716710
-02/16/98--01026--019
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAVID DICK — Date 1-25-96 — Daytime Phone # 201-778-1300

PS 2-11-96

CR2E034 (12/95)