^{*}2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P9500047878 BED BATH & BEYOND OF CARROLLWOOD INC. 05-23-2000 90220 013 ***150.00 Principal Place of Business Mailing Address 650 LIBERTY AVE 650 LIBERTY AVE UNION NJ 07083 UNION NJ 07083-8107 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-3394763 Not:Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) -1201-HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2525 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Change TITLE Delete NAME NAME EISENBERG, WARREN STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** ☐ Change ☐ Addition VSD ☐ Delete TITLE TITLE NAME NAME FEINSTEIN, LEONARD STREET ADDRESS STREET ADDRESS 110 BI COUNTY BLVD. CITY-ST-ZIP CITY-ST-ZIP **FARMINGDALE NY 11735** [7] Change Addition TITLE Delete TITLE NAME CURWIN, RONALD NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** ☐ Addition ☐ Change VAS ☐ Delete TITLE NAME TEMARES, STEVEN NAME STREET ADDRESS STREET ADDRESS **650 LIBERTY AVENUE** CITY-ST-7IP CITY-ST-ZIP **UNION NJ 07083** ASSISTANT TREASURER Addition ☐ Delete TITLE Change TITLE EUBENE A. CASTAGNA NAME NAME STREET ADDRESS STREET ADDRESS G50 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP UNION , NJ 07083 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR