PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # \$83670

1. Corporation Name BED BATH & BEYOND OF KENDALL, INC.

Principal Place of Busine
650 LIBERTY AVE UNION NJ 07083
011074 110 07000

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90073 006 ***150.00



Principal Place	e of Business	Mai	ling Address						INAL DARAK BADAH	BIBIL BIBS: (BBI
•			650 LIBERTY AVE							
650 LIBERTY AV			UNION NJ 07083							
US	~	US					DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualife 09/30/1991 	d		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		A	oplied For
21		26					22-3140892		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & State	е		City & State				6. Election Campaign Financing	9 🗆		May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	_	ıntry		8. This corporation owes the cu	irrent year Int		
24	25	29		30	,		Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	rent Regist	ered Agent		-		10. Name and Address of New	Registered	Agent	
THE	PREMIUSE HALL CORPORATIO	ON EVETE	M INC		81	Name				-
	PRENTICE-HALL CORPORATION	UN STOIE	IN INC.		82	Street Ad	dress (P.O. Box Number is Not Accept	otable)		
	HAYS STREET									
	E 105				83					
IALL	AHASSEE FL 32301				84	City			85 Zip	Code
						•		FL	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Statute	es, the al	bove	e-named co	rporation submits this statement for the tion's board of directors. I hereby according	ne purpose of sept the appoi	changing its ntment as re	s registered eaistered
onice or n	m familiar with, and accept the obli	igations of,	Section 607.0505. Flor	rida Stati	utes.	uie corpora	months board or directors. Thorough doc	opi ale oppe		
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SIGNATURE	Signature, typed or printed name of registered a	agent and title if	applicable. (NOTE:	Registered	_		sired when reinstating)	DATE	- CIDEAT	200 151 43
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title if	applicable. (NOTE:	Registered	Agen		ired when reinstating) ADDITIONS/CHANGES TO C			
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if	applicable. (NOTE:	Registered 13.	Agen				ID DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS of PD EISENBERG, WARREN	agent and title if	applicable. (NOTE:	13. 1.1 TF	Agent TLE AME	t signature requ				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A PD EISENBERG, WARREN 650 LIBERTY AVE	agent and title if	applicable. (NOTE:	13. 1.1 TF	Agent TLE AME					
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS of PD EISENBERG, WARREN 650 LIBERTY AVE UNION NJ	agent and title if	applicable. (NOTE: CTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF	TLE AME TREET	t signature requ			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS of PD EISENBERG, WARREN 650 LIBERTY AVE UNION NJ VSD	agent and title if	applicable. (NOTE:	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF	TLE AME TREET	t signature requ				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A PD EISENBERG, WARREN 650 LIBERTY AVE UNION NJ VSD FEINSTEIN, LEONARD	agent and title if	applicable. (NOTE: CTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	TLE AME TREET TY-ST TLE AME	ADDRESS			☐ Change	Addition
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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:

TREAS TRONALD CURWIN