

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 # 804516 (3)

1. Corporation Name
SEARS, ROEBUCK AND CO.



Principal Place of Business: ~~TAX DEPT 870TAX, BSC 6-26, CHICAGO IL 60694~~ US
Mailing Address: ~~TAX DEPT 870TAX, BSC 6-26, CHICAGO IL 60694~~ US

3. Date Incorporated or Qualified: 02/01/1936
3a. Date of Last Report: 04/04/1995
4. FEI Number: 36-1750680
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

2. Principal Place of Business: 21 Tax Dept. 768TAX, Suite, Apt. #, etc. B5 - 266A, City & State Hoffman Estates, IL, Zip 60179, Country USA
2a. Mailing Address: 26 Tax Dept. 768TAX, Suite, Apt. #, etc. B5 - 266A, City & State Hoffman Estates, IL, Zip 60179, Country USA

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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: _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BRENNAN, EDWARD A.	
STREET ADDRESS	SEARS TOWER	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PETERSON, ALICE M	
STREET ADDRESS	SEARS TOWER	
CITY - ST - ZIP	CHICAGO IL	
TITLE	DVF	<input type="checkbox"/> DELETE
NAME	DENNY, JAMES M.	
STREET ADDRESS	SEARS TOWER	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	BLANDA, JAMES A	
STREET ADDRESS	SEARS TOWER	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SHUTE, DAVID	
STREET ADDRESS	SEARS TOWER	
CITY - ST - ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, CEO & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arthur C. Martinez	
1.3 STREET ADDRESS	3333 Beverly Road	
1.4 CITY - ST - ZIP	Hoffman Estates, IL 60179	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3333 Beverly Road	
2.4 CITY - ST - ZIP	Hoffman Estates, IL 60179	
3.1 TITLE	Sr. Executive V. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John H. Costello	
3.3 STREET ADDRESS	3333 Beverly Road	
3.4 CITY - ST - ZIP	Hoffman Estates, IL 60179	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3333 Beverly Road	
4.4 CITY - ST - ZIP	Hoffman Estates, IL 60179	
5.1 TITLE	Sr. Vice-Pres. & Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mike Levin	
5.3 STREET ADDRESS	3333 Beverly Road	
5.4 CITY - ST - ZIP	Hoffman Estates, IL 60179	
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 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: *Carl W. Curran* Sr. Director-Taxes 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)