

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804516 (3)**

1. Corporation Name  
**SEARS, ROEBUCK AND CO.**



Principal Place of Business <b>3333 BEVERLY ROAD                  B5- 266A                  HOFFMAN ESTATES IL 60179                  US</b>	Mailing Address <b>3333 BEVERLY ROAD                  DEPT. 768 TAX-B5-266A                  HOFFMAN ESTATES IL 60179                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 3333 Beverly Rd.	02/01/1936	36-1750680	Not Applicable
22 City & State	27 768TAX, B5-220B/B	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip Country	28 Hoffman Estates, IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 25 Country	29 60179 30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR C. MARTINEZ	1.2 NAME	
STREET ADDRESS	3333 BEVERLY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ALICE M	2.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN H. COSTELLO	3.2 NAME	
STREET ADDRESS	3333 BEVERLY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANDA, JAMES A	4.2 NAME	
STREET ADDRESS	3333 BEVERLY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE LEVIN	5.2 NAME	
STREET ADDRESS	3333 BEVERLY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carol W. Garnant
STREET ADDRESS		6.3 STREET ADDRESS	3333 Beverly Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hoffman Estates, IL 60179

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.

SIGNATURE: \_\_\_\_\_ DATE: 4/29/98

CR2E034 (10/97)