

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90026 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 804516

1. Corporation Name
SEARS, ROEBUCK AND CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3333 BEVERLY ROAD
85- 266A
HOFFMAN ESTATES IL 60179
US

Mailing Address
3333 BEVERLY RD
768TAX. 85-220B/B
HOFFMAN ESTATES IL 60179
US

3. Date Incorporated or Qualified
02/01/1936

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 **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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	ARTHUR C. MARTINEZ	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PETERSON, ALICE M	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHN H. COSTELLO	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLANDA, JAMES A	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MIKE LEVIN	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARNANT, CAROL W.	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Constantine
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Julian Day
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jeff Boyer
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anastasia Kelly
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99
 Date

Daytime Phone #

CR2E034 (1/1/98)