

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90010 047 ***150.00

DOCUMENT # 804516

1. Entity Name
SEARS, ROEBUCK AND CO.

Principal Place of Business 3333 BEVERLY ROAD B5- 266A HOFFMAN ESTATES IL 60179 US	Mailing Address 3333 BEVERLY RD 768TAX, R2-095B HOFFMAN ESTATES IL 60179 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. 768TAX, R2-095B
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **36-1750680**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDC	<input type="checkbox"/> Delete	TITLE Alan Lacy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARTHUR G. MARTINEZ		NAME	
STREET ADDRESS 3333 BEVERLY RD.		STREET ADDRESS	
CITY-ST-ZIP HOFFMAN ESTATES IL		CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAYMOND, LARRY		NAME	
STREET ADDRESS 3333 BEVERLY RD		STREET ADDRESS	
CITY-ST-ZIP HOFFMAN ESTATES IL		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE Lucinda Baier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAY, JULIAN		NAME	
STREET ADDRESS 3333 BEVERLY RD.		STREET ADDRESS	
CITY-ST-ZIP HOFFMAN ESTATES IL		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, ANASTASIA		NAME	
STREET ADDRESS 3333 BEVERLY RD.		STREET ADDRESS	
CITY-ST-ZIP HOFFMAN ESTATES IL		CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARNANT, CAROL W.		NAME	
STREET ADDRESS 3333 BEVERLY RD		STREET ADDRESS	
CITY-ST-ZIP HOFFMAN ESTATES IL 60179		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Lucinda M. Baier* Lucinda Baier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)