


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91031 026 ***150.00

DOCUMENT # F0100001653					
1. Entity Name SEARS HOME IMPROVEMENT PRODUCTS, INC.					
Principal Place of Business 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179			Mailing Address 3333 BEVERLY ROAD 768 TAX - B2-130B HOFFMAN ESTATES, IL 60179		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 25-1698591			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, MALL		NAME	MARK GOOD	
STREET ADDRESS	3333 BEVERLY RD		STREET ADDRESS	3333 Beverly Rd.	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179		CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENBEKE, JOSEPH J		NAME		
STREET ADDRESS	3333 BEVERLY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAY, PAUL		NAME		
STREET ADDRESS	3333 BEVERLY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUS, CURT		NAME	Christine Menges	
STREET ADDRESS	3333 BEVERLY ROAD		STREET ADDRESS	3333 Beverly Rd.	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179		CITY-ST-ZIP	Hoffman Estates, IL 60179	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELMAN, ROBERT		NAME		
STREET ADDRESS	3383 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		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christine Menges</i>		Christine Menges		4-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66422042



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