

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001653

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** SEARS HOME IMPROVEMENT PRODUCTS, INC.

**Current Principal Place of Business:**

3333 BEVERLY ROAD  
HOFFMAN ESTATES, IL 60179

**New Principal Place of Business:**

**Current Mailing Address:**

3333 BEVERLY ROAD  
B2-130B  
HOFFMAN ESTATES, IL 60179

**New Mailing Address:**

**FEI Number:** 25-1698591      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: RIECKER, ROBERT A  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: T  
Name: JASSER, ALFRED H  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: S  
Name: HENRIKSON, MARK A  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: D  
Name: PHELAN, WILLIAM K  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: PD  
Name: REED, STUART C  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. RIECKER

VP

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date