

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

ANNEX AT

03-15-2002 90001 020 ***150.00

DOCUMENT # F98000001629
 1. Entity Name
SEARS CARPET AND UPHOLSTERY CARE, INC.

Principal Place of Business 640-A ENTERPRISE DR. LEWIS CENTER OH 43035-9441	Mailing Address 3333 BEVERLY RD B5-202B/B HOFFMAN ESTATES IL 60179
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 98-0126742	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH 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
State 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, 2002 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	HASSEY, JOHN	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	TOWER, MICHAEL J	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAY, PAUL	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LENKEY, TERRY	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MENGES, CHRISTINE	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARK, JOHN	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Paul Weatherford* **REQUIRED** *Paul Weatherford 2-8-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)