

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001629

FILED
Feb 20, 2006
Secretary of State

Entity Name: SEARS CARPET AND UPHOLSTERY CARE, INC.

Current Principal Place of Business:

640-A ENTERPRISE DR.
LEWIS CENTER, OH 430359441

New Principal Place of Business:

Current Mailing Address:

3333 BEVERLY RD
768TAX, B2-130B
HOFFMAN ESTATES, IL 60179

New Mailing Address:

FEI Number: 98-0126742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HASSEY, JOHN
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: CFO () Delete
Name: GRIFFITH, PAUL
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: S () Delete
Name: ANGELIDIS, ELLENORE
Address: 3333 BEVERLY ROAD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: D () Delete
Name: GOOD, MARK
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: D () Delete
Name: STEENBEKE, JOSEPH
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Delete
Name: MENGES, CHRISTINE
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: BRISENTINE, MARY
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Change () Addition
Name: MENGES, CHRISTINE
Address: 3333 BEVERLY ROAD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK GOOD

D

02/20/2006

Electronic Signature of Signing Officer or Director

_____ Date