2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001629

Entity Name: SEARS CARPET AND UPHOLSTERY CARE, INC.

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
640-A ENTERPRISE DR. LEWIS CENTER, OH 430359441						
Current Mailing Address:			New Maili	New Mailing Address:		
3333 BEVERLY RD 768TAX, B2-130B HOFFMAN ESTATES, IL 60179						
FEI Number: 9	98-0126742	FEI Number Applied For () FEI Nu	ımber Not Appl	icable () Ce	ertificate of Status Desired ()	
Name and A	Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent:	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PTD () HASSEY, JOHN 3333 BEVERLY HOFFMAN ESTA		Title: Name: Address: City-St-Zip:	() Ch:	ange()Addition	
Title: Name: Address: City-St-Zip:	CFO () GRIFFITH, PAUL 3333 BEVERLY HOFFMAN ESTA	RD	Title: Name: Address: City-St-Zip:	CFO (X) Ch BRISENTINE, MAR 3333 BEVERLY RD HOFFMAN ESTATE)	
Title: Name: Address: City-St-Zip:	S () ANGELIDIS, ELL 3333 BEVERLY HOFFMAN ESTA	ROAD	Title: Name: Address: City-St-Zip:	AS (X) Ch MENGES, CHRISTI 3333 BEVERLY RO HOFFMAN ESTATE	DAD	
Title: Name: Address: City-St-Zip:	D () GOOD, MARK 3333 BEVERLY HOFFMAN ESTA		Title: Name: Address: City-St-Zip:	() Cha	ange()Addition	
Title: Name: Address: City-St-Zip:	D () STEENBEKE, JO 3333 BEVERLY HOFFMAN ESTA	RD	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	AS (X) MENGES, CHRIS 3333 BEVERLY HOFFMAN ESTA	RD	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	

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