

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001629

FILED
Mar 11, 2010
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:

3333 BEVERLY ROAD
HOFFMAN ESTATES, IL 60179

Current Mailing Address:

3333 BEVERLY RD
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
Name: HASSEY, JOHN
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: CFO
Name: BRISENTINE, MARY
Address: 3333 BEVERLY RD
City-St-Zip: HOFFMAN ESTATES, IL 60179

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

Title: VP
Name: MISPLON, JAMES L
Address: 3333 BEVERLY ROAD
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS
Name: BOGNER, DEANN M
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: JAMES L. MISPLON

VP

03/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date