

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90375 046 ***150.00

PART 709 AT

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**

10069854



2. Principal Place of Business

3. Mailing Address
3333 Beverly Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B2-130B

CHECK HERE IF MAKING CHANGES

City & State

City & State
Hoffman Estates, IL 60179

4. FEI Number **98-0126742**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Paul Griffith 3333 Beverly Road Hoffman Estates, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Glenn McKeown 3333 Beverly Road Hoffman Estates, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Pigott 3333 Beverly Road Hoffman Estates, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Westenberg 3333 Beverly Road Hoffman Estates, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenn McKeown **REQUIRE** Glenn McKeown

4/9/03

812-216-1791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE034 (10/02)