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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22607** (6)
1. Corporation Name
SEARS LOGISTICS SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**3333 BEVERLY RD.
HOFFMAN ESTATES IL 60179
US** **SEARS TOWER
D/970TAX, BSC 6-26
CHICAGO IL 60684
US**

3. Date Incorporated or Qualified **01/18/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **36-1857180** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS COMERFORD, JAMES, E 206 CREST RD GLEN ELLYN IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CROWDER, WILLIAM, L 811 MORVEN COURT NAPERVILLE IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD REAVES, CHARLES R 215 OTIS RD BARRINGTON HILLS IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOSCH, ROBERT, P 1071 BRIGHTON WHEATON IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MAUND, JOE, B 903 DYMOND RD LIBERTYVILLE IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUSS, LAWRENCE, A 8408 CARRIAGE GREEN DR DAREN IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PCD JAMES E. COMERFORD 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VTD JAMES J. STRAUSS 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VD RICHARD MC LAUGHLIN 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	VD ROGER WILL 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	S MARIA N. HAGENER 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	V DAVID K. MARTIN 3333 BEVERLY RD. HOFFMAN ESTATES, IL 60179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Comerford* 4/18/95 (312) 875-9093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date (Area Phone #)

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SEARS LOGISTICS SERVICES

<u>Director</u>	<u>Address</u>
James E. Comerford	3333 Beverly Rd., Hoffman Estates, IL 60179
Russell S. Davis	3333 Beverly Rd., Hoffman Estates, IL 60179
William G. Pagonis	3333 Beverly Rd., Hoffman Estates, IL 60179
Richard McLaughlin	3333 Beverly Rd., Hoffman Estates, IL 60179
Allan B. Stewart	3333 Beverly Rd., Hoffman Estates, IL 60179
James J. Strauss	3333 Beverly Rd., Hoffman Estates, IL 60179
Roger Will	3333 Beverly Rd., Hoffman Estates, IL 60179

<u>Officers</u>	<u>Title</u>	<u>Address</u>
James E. Comerford	President and CEO	3333 Beverly Rd. Hoffman Estates IL 60179
James J. Strauss	VP Planning and Operations Services, Treasurer	3333 Beverly Rd. Hoffman Estates IL 60179
Richard McLaughlin	VP Human Resources	3333 Beverly Rd. Hoffman Estates IL 60179
David K. Martin	VP Direct Delivery Customer Satisfaction and Home Delivery	3333 Beverly Rd. Hoffman Estates IL 60179
Thomas E. Coley, Jr.	VP Take With Distribution	3333 Beverly Rd. Hoffman Estates IL 60179
Jack B. Wahl	VP Direct Delivery Distribution	3333 Beverly Rd. Hoffman Estates IL 60179
Roger Will	VP Transportation Services	3333 Beverly Rd, Hoffman Estates IL 60179
Maria N. Hagener	General Counsel and Secretary	3333 Beverly Rd. Hoffman Estates IL 60179
Gary D. Farrar	Assistant Treasurer	3333 Beverly Rd. Hoffman Estates IL 60179
Phillip E. Goodchild	Assistant Secretary	3333 Beverly Rd. Hoffman Estates IL 60179

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SLS, Inc.

Pursuant to the authority vested in me by the By-Laws of SLS Inc., I, James E. Comerford, President, hereby appoint and designate the following Sears, Roebuck and Co. Tax Department personnel:

James A. Blanda
Vice President and Controller

Carol W. Garnant
National Director of Income Taxes

Susan Penway
Senior Tax Manager


to sign, execute and deliver on behalf of and in the name of SLS, Inc. with respect to every state of the United States, and any jurisdiction therein and the District of Columbia, any of the following instruments:

1. State Income Tax Returns, Franchise Tax Returns, and Annual Reports.
2. Pleadings, bonds, petitions, affidavits and other documents and instruments pertaining to the conduct of litigation, administrative proceedings, and/or audits including income and franchise taxes.

All previous Delegations of Authority relating to the same subject matter to the within-named persons are hereby revoked and superseded.

This Delegation of Authority shall become effective upon the date hereof and shall continue in effect thereafter so long as the within-named persons remain in the above-designated position or until revoked by me or the current President of SLS. The termination of this Delegation of Authority shall not invalidate any of the above-mentioned instruments which may have been executed and delivered during the effective term hereof.

IN WITNESS WHEREOF, the undersigned has set his hand as President of SLS, Inc. this 23 day of May, 1994.



James E. Comerford
President
SLS Inc.

ATTEST:



Maria N. Hagener