

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22607 (6)
 1. Corporation Name
SEARS LOGISTICS SERVICES, INC.



Principal Place of Business 3333 BEVERLY RD. HOFFMAN ESTATES IL 60179 US	Mailing Address 3333 BEVERLY RD. D/768TAX, B-5-266A HOFFMAN ESTATES IL 60182-3322 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/18/1989	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. # etc.	4. FEI Number 36-1857180	Applied For Not Applicable
22. City & State	27. City & State HOFFMAN ESTATES, IL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip 60179	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD COMERFORD, JAMES, E	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 BEVERLY RD	1.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T STRAUSS, JAMES J	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3333 BEVERLY RD	2.2 NAME	Krise, James A.
STREET ADDRESS	HOFFMAN ESTATES IL	2.3 STREET ADDRESS	3333 Beverly Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	VD LAUGHLIN, RICHARD M	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 BEVERLY RD	3.2 NAME	McLaughlin, Richard M.
STREET ADDRESS	HOFFMAN ESTATES IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD WILL, ROGER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 BEVERLY RD	4.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S HAGENER, MARIA N	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 BEVERLY RD	5.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T FARRAR, GARY D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 BEVERLY RD.	6.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 as an attachment with an address.

SIGNATURE: *[Signature]*

4-8-97

CR2E034 (9/96)