


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 028 ***150.00

DOCUMENT # P22607

1. Entity Name
SEARS LOGISTICS SERVICES, INC.



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| Principal Place of Business 3333 BEVERLY RD. DEPT 768/TAX B5-208B HOFFMAN ESTATES, IL 60179 US | Mailing Address 3333 BEVERLY RD. B2- 130B HOFFMAN ESTATES, IL 60179 US |
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 36-1857180 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CT-CORPORATION-SYSTEM
 1200 S.-PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAGONIS, WILLIAM G 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT KRISE, JAMES A 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BROOKS, CHARLES A 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BROWN, CLINT A 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HAGENER, MARIA N 3333 BEVERLY RD HOFFMAN ESTATES, FL 60179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLEY, THOMAS E 3333 BEVERLY RD HOFFMAN ESTATES, IL 60179 |

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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: Maria N. Hagener **MARIA N. HAGENER** 4/19/04 047-286-8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #