

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22607

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: SEARS LOGISTICS SERVICES, INC.

## Current Principal Place of Business:

3333 BEVERLY RD.  
768TAX, B2-130B  
HOFFMAN ESTATES, IL 60179 US

## Current Mailing Address:

3333 BEVERLY RD.  
768TAX, B2- 130B  
HOFFMAN ESTATES, IL 60179 US

FEI Number: 36-1857180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

3333 BEVERLY RD.  
B2-130B  
HOFFMAN ESTATES, IL 60179 US

## New Mailing Address:

3333 BEVERLY RD.  
B2- 130B  
HOFFMAN ESTATES, IL 60179 US

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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: PD ( ) Delete  
Name: JOHNSON, BRUCE  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: T ( ) Delete  
Name: ZIELECKI, THOMAS E  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: S ( ) Delete  
Name: CHAMELI, DAVID  
Address: 3333 BEVERLY RD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Delete  
Name: HANES-DOWD, APRIL  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID CHAMELI

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02/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date