


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90508 031 \*\*\*150.00

<b>DOCUMENT # 803281</b>					
1. Entity Name J.C. PENNEY CORPORATION, INC.					
Principal Place of Business 6501 LEGACY DR PLANO, TX 75024 US			Mailing Address PO BOX 10001 A/2-723 DALLAS, TX 75301-1205 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-5583779	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, R.B		NAME		
STREET ADDRESS	6501 LEGACY DR		STREET ADDRESS		
CITY-ST-ZIP	PLANO, TX 75024		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESTROM, A.I.		NAME	M.E. ULLMAN, III	
STREET ADDRESS	6501 LEGACY DR		STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO, TX 75024		CITY-ST-ZIP	PLANO TX 75024	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTTER, C R		NAME	BOBER, J.L.	
STREET ADDRESS	6501 LEGACY DR		STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX		CITY-ST-ZIP	PLANO TX 75024	
TITLE	EVC	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNA, V.J.		NAME	HICKS, K.C.	
STREET ADDRESS	6501 LEGACY DR		STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024		CITY-ST-ZIP	PLANO TX 75024	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREADGILL, D.R.		NAME		
STREET ADDRESS	6501 LEGACY DR		STREET ADDRESS		
CITY-ST-ZIP	PLANO, TX 75024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>D.R. Threadgill</u>		SIGNATURE: <u>DR. THREADGILL</u>		Date: <u>4/27/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>972-437-2135</u>	