May 19, 1999 8:00 am Secretary of State

05-19-1999 90030 015 ***450.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 813299

1. Corporation Name

K MART	CORPORATION					
Principal Place	e of Business	Mailing Address	· · · · · · · ·			1 (83/61 Hrst. 11000 111/0 Hose sould 121/1 8/51/1 draw 8/51/1 6/51/1 draw 2/51/1 6/51/1
3100 WEST BIG BEAVER ROAD 3100 WEST BIG BEAVER ROAD TROY MI 48084 TROY MI 48084			ROAD			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/02/1959
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
1 26				<u>38-0729500</u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
27			· · · · · · · · · · · · · · · · · · ·			Fee Kequired
City & State	e	City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country Zip C 25 29 30		Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Currer					10. Name and Address of New Registered Agent
AT 0	ACCOUNTS AND ANALYSIS			81	Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	2 Street Address (P.O. Box Number is Not Acceptable)	
			ŀ	83		
			-	D.4	City	- 85 Zip Code
				84 City		FL S P
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	bν	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE		(810)	E. Danistarad	A.c.o.	nt signature required	d when reinstating) OATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	nger	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	EVP	☐ DELETE	1,1 TIT	LE		Change Addition
NAME	KEEBLE, D.W.			ME		
STREET ADDRESS			1.3 STF	1.3 STREET ADDRESS		
CITY-ST-ZIP	MANUAL LAGGE		1.4 CIT	Y-5	T-ZIP	
TITLE			2.1 TIT	LE		☐ Change ☐ Addition
NAME	HALL, F.		2.2 NA	ME	Ì	
STREET ADDRESS	RESS 3100 W. BIG BEAVER RD. 23		2.3 ST	REET	T ADDRESS	
CITY-ST-ZIP	TROY MI 2.4:		2. 4 CF	TY-S	ST-ZIP	
TITLE	EVP □ DELETE 3.1 T		3,1 TIT	LE		☐ Change ☐ Addition
NAME	1 Helitaria 5 (1) 4:		3.2 NA	ME		
STREET ADDRESS	0.00 0.0 0		3.3 STI	REE	T ADORESS	
CITY-ST-ZIP	TROY MI	3		TY-S	ST-ZIP	
TITLE	VP	☐ DELETE 4:		LE		☐ Change ☐ Addition
NAME	VIOLA, M.J.		4. 2 NA	ME		
STREET ADDRESS	0400 M/ BIO REAVED DD		4.3 STI	REET	TADDRESS	
CITY-ST-ZIP	TROY MI			Y-5	iT-ZIP	
TITLE	VP	☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME	LADUKE, N.W.		5.2 NA	ME		
STREET ADDRESS	CACCAN DIO DE ALED DO		5.3 STI	REET	TADDRESS	
CITY-ST-7IP	TD0/18			Y- S	ST-ZIP	

14. 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 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 of 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 onlan attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

RONAN, J.B.

TROY MI

3100 W. BIG BEAVER RD.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP