## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2008 8:00 am Secretary of State

4. ANNUAL REPURI						Secretary of State					
	MENT # 813299					03-14-2008 90030 036 ***150.00					
1. Entity Nam K MART (	CORPORATION										
Principal Place of Business Mailing Address					<u></u>	4004	5339				
3333 BEVERLY ROAD 3333 BEVERLY ROAD						4002	000				
HOFFMAN ES	STATES, IL 60179	LAW DEPT Hoffman Estates, Il	60179				•				
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
	W. Fourteen Mi Rd	3. Maining Address			i <b>i i i i i i i i i i i i i i i i i i </b>		(B)  B B   B AJ  B B!	<b>   </b>			
Suite, Apt.		Suite, Apt. #, etc.				01162008	Chg-P	CR2E03	34 (12/06)		
City & Stat Roya	1 0ak, MI	City & State				4. FEI Number Applied For 38-0729500 Not Applicable					
Zip Country		Zip Cou		untry			of Status Desired		\$8.75 Add	ditional	
48068-8073 U.S.A. 6. Name and Address of Current B		legistered Agent					Address of New	Registered A			
CT CORPORATION SYSTEM				Name 🗈	GATE CALLED SHEEK						
1200 S. PI	NE ISLAND ROAD			Street Addres			er is Not Acceptat	ble)	•		
PLANTATION, FL 33324									<del></del>		
				City		•••	· -	FL	Zip Code	e	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office o	r register	ed agent, or bot	th, in the State of f	Florida. I am f	amiliar with,	and accept	
Ino oungui	ions or registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						when reinstating)		DATE			
9. Flection Campaign Financing \$5.00 May Ro											
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			Cinity		.00 May Bo ed to Fees	· <del>-</del> · <del> </del>	<del></del>			
10.	OFFICERS AND D	 DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FFICERS AND	DIRECTOR:	S IN 11	
TITLE NAME	PCEO LEWIS, A	X Delete	TITLE		PCEC				Change	Addition	
STREET ADDRESS	3333 BEVERLY ROAD			STREET ADDRESS W.		Bruce Joh					
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179		-	-ST-ZIP	!		Rd., Hot				
title Name	SVP 🖔 Delete		TITLE NAME			Controll . Phelar	ler/Treas	urer	X Change	☐ Addition	
STREET ADDRESS	3333 BEVERLY ROAD			ET ADORESS	1		, Rd., HO	ffman E	st., I	L 60179	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179  VP		-1	CITY-ST-ZIP TITLE			<del> </del>	•	☐ Change	☐ Addition	
NAME	MISPLON, JAMES L		NAME	NAME						[	
STREET ADDRESS CITY-ST-ZIP	3000 W. 14 MILE ROAD ROYAL OAK, MI 480688073			STREET ADORESS CITY-ST-ZIP							
TITLE	VP	VP 🖔 Delete				Secreta	ary & Ass	t. Trea	SM Flenge	☐ Addition	
NAME STREET ADDRESS	RAVAS, A R s   3333 BEVERLY ROAD		NAME STREET ADORESS		300	0 W. 14	Mile Rd				
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179			CITY-ST-ZIP RO		gl <u>Mak</u> rs	MI 48068- chaert	-8073 			
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	e et adoress							
CITY-ST-ZIP				-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME						Change	☐ Addition	
STREET ADDRESS				e et address						i	
				-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

James L. Misplon

Bighatore and Typed on Printed Name of Signing Officer or Director

3/7/08 Date 248-463-1070