

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90807 001 ***300.00

0648743 AT

DOCUMENT # 813299

1. Entity Name
K MART CORPORATION



Principal Place of Business
**3100 WEST BIG BEAVER ROAD
TROY MI 48084**

Mailing Address
**3100 WEST BIG BEAVER ROAD
TROY MI 48084**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-0729500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	CONWAY, G G	
STREET ADDRESS	3100 W. BIG BEAVER RD.	
CITY-ST-ZIP	TROY MI	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KEARSE, CECIL B	
STREET ADDRESS	3100 W BIG BEAVER RD	
CITY-ST-ZIP	TROY MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCDONALD, JOHN T	
STREET ADDRESS	3100 W. BIG BEAVER RD.	
CITY-ST-ZIP	TROY MI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DEFBAUGH, JAMES E	
STREET ADDRESS	3100 W. BIG BEAVER RD.	
CITY-ST-ZIP	TROY MI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MISPLON, JAMES L	
STREET ADDRESS	3100 W. BIG BEAVER RD.	
CITY-ST-ZIP	TROY MI 48084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.C. DAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M.T. MACIK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. STENGER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

James E. Defbaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

Daytime Phone #

CR2E034 (10/02)