2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005590

Entity Name: MICHAELS STORES PROCUREMENT COMPANY, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2302 113TH ST. GRAND PRAIRIE, TX 75050					
Current Mailing Address:			New Mailing Address:		
P.O. BOX 619049 DFW, TX 75261			8000 BENT BRANCH DRIVE IRVING, TX 75063		
FEI Number: 20-0313890 FEI Number Applied For () FEI Num		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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:					
	Electi	ronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	IRVING, TX	BRANCH DR 75063	Title: Name: Address: City-St-Zip: Title:	PRES (X) Change () Addition BROADER, SHELLEY G 8000 BENT BRANCH DR IRVING, TX 75063 VP (X) Change () Addition	
Title: Name: Address: City-St-Zip:	SULLIVAN, [BRANCH DR	Name: Address: City-St-Zip:	VP (X) Change () Addition DECARO, THOMAS 8000 BENT BRANCH DR IRVING, TX 75063	
Title: Name: Address: City-St-Zip:	T KLINGER, L 8000 BENT IRVING, TX	BRANCH DR.	Title: Name: Address: City-St-Zip:	AST (X) Change () Addition MELITO, THOMAS 8000 BENT BRANCH DR. IRVING, TX 75063	
Title: Name: Address: City-St-Zip:	S VEITENHEIM 8000 BENT IRVING, TX	MER, MIKE BRANCH DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D CORNELL, E 8000 BENT IRVING, TX	BRANCH DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition VEITENHEIMER, MIKE 8000 BENT BRANCH DR. IRVING, TX 75063	
Title: Name: Address: City-St-Zip:	V WILLIAMS, 8000 BENT IRVING, TX	BRANCH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TERI WILLIAMS VP 03/25/2009