

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90007 003 ***150.00

DOCUMENT # F03000006128

1. Entity Name

KOHL'S DEPARTMENT STORES, INC.



Principal Place of Business

129 ORANGE ST
WILMINGTON DE 19801

Mailing Address

N 56 W17000 RIDGEWOOD DR
MENOMONEE FALLS WI 53051



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
13-3357362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CCEO	<input type="checkbox"/> Delete
NAME	MONTGOMERY, R. LAWRENCE	
STREET ADDRESS	N56 W17000 RIDGEWOOD DR	
CITY- ST- ZIP	MENOMONEE FALLS WI 53051	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANSELL, KEVIN	
STREET ADDRESS	N56 W17000 RIDGEWOOD DR	
CITY- ST- ZIP	MENOMONEE FALLS WI 53051	
TITLE	COO	<input type="checkbox"/> Delete
NAME	KINGSBURY, TOM	
STREET ADDRESS	N56 W17000 RIDGEWOOD DR	
CITY- ST- ZIP	MENOMONEE FALLS WI 53051	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLOGG, WILLIAM S	
STREET ADDRESS	4355 HEWITTS POINT RD	
CITY- ST- ZIP	OCONOMOWOC WI 53066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, JAY H	
STREET ADDRESS	4601 GULF SHORE BLVD, N #24	
CITY- ST- ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURD, STEVEN A	
STREET ADDRESS	5918 STONERIDGE MALL RD	
CITY- ST- ZIP	PLEASANTON CA 94588	

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	
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	
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 exemptions contained in Section 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:

Wesley McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

(262) 703-7000

Daytime Phone