2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# F06000001734

Entity Name: STORE OPENING SOLUTIONS, INC.

Current Principal Place of Business:

800 MIDDLE TENNESSEE BLVD
MURFREESBORO, TN 37129

New Principal Place of Business:

Current Mailing Address:

800 MIDDLE TENNESSEE BLVD
MURFREESBORO, TN 37129

New Mailing Address:

FEI Number: 62-1728778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DICKEY, DALE
Address: 800 MIDDLE TENNESSEE BLVD
City-St-Zip: MURFREESBORO, TN 37129

Title: V ( ) Delete
Name: SKAGGS, PAM
Address: 800 MIDDLE TENNESSEE BLVD
City-St-Zip: MURFREESBORO, TN 37129

Title: S ( ) Delete
Name: WEBB, ROBERT
Address: 225 W WASHINGTON STREET
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CLINE, CHARLES
Address: 800 MIDDLE TENNESSEE BLVD
City-St-Zip: MURFREESBORO, TN 37129

Title: V (X) Change ( ) Addition
Name: SKAGGS, PAMELA
Address: 800 MIDDLE TENNESSEE BLVD
City-St-Zip: MURFREESBORO, TN 37129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAMELA SKAGGS V 03/12/2009

Electronic Signature of Signing Officer or Director — Date