

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

* CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001311 (0)

1. Corporation Name

OPTIMUM HOME DELIVERY SERVICE, INC.

Principal Place of Business

3333 BEVERLY RD.
BLDG. A3-112B
HOFFMAN ESTATES IL 60179
US

Mailing Address

SEARS TOWER
DEPT. 970 TAX - BSC 6-26
CHICAGO IL 60684
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

36-3853185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file # (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PD
MAZZIA, JOSEPH A
3333 BEVERLY RD. - LOC. A-3-112B
HOFFMAN ESTATES IL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VD
FRANKOWSKI, EDWIN W
3333 BEVERLY RD
HOFFMAN ESTATES IL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TD
KRISSE, JAMES A
3333 BEVERLY RD. - LOC. A-3 260B
HOFFMAN ESTATES IL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
SD
HAGENER, MARIA N.
3333 BEVERLY RD. - LOC. A-3-272A
HOFFMAN ESTATES IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

312/875-9676

F9300000 1311

Optimum Home Delivery Service, Inc.

Pursuant to the authority vested in me by the By-Laws of Optimum Home Delivery Services, Inc. (Optimum), I, Joseph A. Mazzia, President, hereby appoint and designate the following Sears, Roebuck and Co. Tax Department personnel:

James A. Blanda
Vice President and Controller

Carol W. Garnant
National Director of Income Taxes

Susan Penway
Senior Tax Manager

to sign, execute and deliver on behalf of and in the name of Optimum with respect to every state of the United States, and any jurisdiction therein and the District of Columbia, any of the following instruments:

1. State Income Tax Returns, Franchise Tax Returns, and Annual Reports.
2. Pleadings, bonds, petitions, affidavits and other documents and instruments pertaining to the conduct of litigation, administrative proceedings, and/or audits including income and franchise taxes.

All previous Delegations of Authority relating to the same subject matter to the within-named persons are hereby revoked and superseded.

This Delegation of Authority shall become effective upon the date hereof and shall continue in effect thereafter so long as the within-named persons remain in the above-designated position or until revoked by me or the current President of Optimum. The termination of this Delegation of Authority shall not invalidate any of the above-mentioned instruments which may have been executed and delivered during the effective term hereof.

IN WITNESS WHEREOF, the undersigned has set his hand as President of Optimum Home Delivery Services, Inc. this 23 day of May, 1994.



Joseph A. Mazzia
President
Optimum Home Delivery Services, Inc.

ATTEST:



Maria N. Hagener