

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

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**DOCUMENT # F93000001459 (7)**

1. Corporation Name  
**STS PARTNER CORPORATION**



Principal Place of Business  
**SEARS TOWER, 69TH FLOOR  
CHICAGO IL 60684**

Mailing Address  
**SEARS TOWER  
D/970 TAX, ESC 6-26  
CHICAGO IL 60684  
US**

2. Principal Place of Business	2a. Mailing Address
21   3333 Beverly Rd. Suite, Apt. #, etc.	26   3333 Beverly Rd. Suite, Apt. #, etc.
22   D/768TAX - B5-266A City & State	27   D/768TAX - B5-266A City & State
23   Hoffman Estates, IL Zip	28   Hoffman Estates, IL Zip
24   60179 County	29   60179 Country
25   U.S.A.	30   U.S.A.

3. Date Incorporated or Qualified <b>03/24/1993</b>	3a. Date of Last Report <b>04/13/1995</b>
4. FEI Number <b>36-3817598</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
85. Zip Code	<b>FL</b>

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 principal officer

(NOTE: Registered Agent signature required for registration)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MORAN, CHARLES F</b>
STREET ADDRESS	<b>703 ST. JOSEPH DRIVE</b>
CITY-STATE-ZIP	<b>OAK BROOK IL 50521</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>DENNY, JAMES M</b>
STREET ADDRESS	<b>927 ROMONA ROAD</b>
CITY-STATE-ZIP	<b>WILMETTE IL 60091</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>LIDDY, EDWARD M</b>
STREET ADDRESS	<b>1331 NORTH GREEN BAY ROAD</b>
CITY-STATE-ZIP	<b>LAKE FOREST IL 60045</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GRIENENBERGER, WARREN F</b>
STREET ADDRESS	<b>1310 CHESTNUT AVE.</b>
CITY-STATE-ZIP	<b>WILMETTE IL 60091</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROHDE, BARBARA E</b>
STREET ADDRESS	<b>5704 SOUTH WALNUT</b>
CITY-STATE-ZIP	<b>DOWNERS GROVE IL 60516</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CONDON, EDWARD J</b>
STREET ADDRESS	<b>6 EAST 8TH STREET</b>
CITY-STATE-ZIP	<b>HINSDALE IL 60521</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Russell S. Davis</b>
1.3 STREET ADDRESS	<b>3333 Beverly Rd.</b>
1.4 CITY-STATE-ZIP	<b>Hoffman Estates, IL 60179</b>
2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Alan J. Lacy</b>
2.3 STREET ADDRESS	<b>3333 Beverly Rd.</b>
2.4 CITY-STATE-ZIP	<b>Hoffman Estates, IL 60179</b>
3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Joseph A. Smialowski</b>
3.3 STREET ADDRESS	<b>3333 Beverly Rd.</b>
3.4 CITY-STATE-ZIP	<b>Hoffman Estates, IL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<b>Assistant Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>James Constantine</b>
6.3 STREET ADDRESS	<b>3333 Beverly Rd.</b>
6.4 CITY-STATE-ZIP	<b>Hoffman Estates, IL 60179</b>

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 119.07(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 on an attachment with an address.

**SIGNATURE:**

*Susan Penway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **USAN PENWAY**

**4/1/96**

DATE

REGISTERED AGENT

CR2E034 (12/95)

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**STS PARTNER CORPORATION**

Pursuant to the authority vested in me by the By-Laws of STS Partner Corporation (STS Partner), I, Alan J. Lacy, Vice-President, hereby appoint and designate the following Sears, Roebuck and Co. Tax Department personnel:

James A. Blanda  
Vice President and Controller, Finance

Carol W. Garnant  
Senior Director, Taxes

Susan Penway  
Senior Tax Manager, State Income

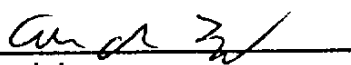
to sign, execute and deliver on behalf of and in the name of STS Partner with respect to every state of the United States, and any jurisdiction therein and the District of Columbia, any of the following instruments:


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 Vice President of STS Partner. 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 Vice-President of STS Partner Corporation this 23<sup>rd</sup> day of February, 1996.

  
Alan J. Lacy  
Vice-President  
STS Partner Corporation

ATTEST:   
James Constantine  
Treasurer