

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 022 ***150.00

DOCUMENT # F94000000799
1. Entity Name
J.C. PENNEY CHILE, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6501 LEGACY DR.
Suite, Apt. #, etc.
MAILSTOP 1205
City & State
PLANO TX
Zip
75024
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.

4. FEI Number
75-2533867
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD
City
PLANTATION FL Zip Code
33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	P/D	TITLE	
NAME	KAPLINER, C.K.	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V/D	TITLE	
NAME	STEINMETZ, P.A.	NAME	
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75024	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	FARAHMAND, N.C.	NAME	
STREET ADDRESS	6501 LEGACY DR.	STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75024	CITY - ST - ZIP	
TITLE	V/T	TITLE	
NAME	NAPOLI, P.N.	NAME	
STREET ADDRESS	6501 LEGACY DR.	STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75024	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	VAWRNEK, J.J.	NAME	
STREET ADDRESS	6501 LEGACY DR.	STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75024	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy C. Farahmand** **NANCY C. FARAHMAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **972-431-2135**

CR2E034B (12/01)