


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000799

1. Entity Name
J. C. PENNEY CHILE, INC.



Principal Place of Business
**6501 LEGACY DR., MS 1103
 PLANO, TX 75024-3698**

Mailing Address
**6501 LEGACY DR MS 1205
 A12
 PLANO, TX 75024-698 US**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2523867

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, P.M. 6501 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMATZ, P.A. 6501 LEGACY DR., MS 0011 PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPPLINGER, G K 6501 LEGACY DR., MS 1302 PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARAHMAND, NANCY C 6501 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NAPOLI, F.N. 6501 LEGACY DR., MS 1302 PLANO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 500-004-80080-025 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nancy C Farahmand, N.C. Farahmand 4/22/04 972-431-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #