

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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000004-90080-025 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C Farahmand
NANCY C FARAHMAND

4/22/04

Date

972-431-2135

Daytime Phone #