


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90508 032 ***150.00

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



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 75-2523867
 Applied For: Not Applicable

City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	MCGRATH, P.M.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINMATZ, P.A.	
STREET ADDRESS	6501 LEGACY DR., MS 0011	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KAPPLINGER, G K	
STREET ADDRESS	6501 LEGACY DR., MS 1302	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARAHMAND, NANCY C	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NAPOLI, F.N.	
STREET ADDRESS	6501 LEGACY DR., MS 1302	
CITY-ST-ZIP	PLANO, TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, P.M.	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO TX 75024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULMAN, RONALD	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO TX 75024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: Nancy Farahmand NAUCY FARAHMAND 4/27/05 972-431-2135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #