## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 02, 2005 8:00 am Secretary of State 05-02-2005 90508 032 \*\*\*150.00

DOCUMENT # F9400000799  1. Entity Name J. C. PENNEY CHILE, INC.							05-02-200:	5 90508 C	32 ***15	50.00
Principal Place	of Business	Mailing Address								
•	/ DR., MS 1103	6501 LEGACY DR MS	1205							
PLANO, TX 75024-3698		A12								
		PLANO, TX 75024-6	98 US				NII OOKIE OKSII OOKI NII	III BDIII GBIN BBN	1 IBB18 IB718 IB1	
2. Principal Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State				4. FEI Number			<u> </u>	plied For
Zip	Country	Zip Cou		intry		\$9.75 Addition			t Applicable litional	
<u> </u>				_					ee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	Address of New F	Registered A	gent	
CT CORPORATION SYSTEM										
1200 S. PINE ISLAND RD.				Street Ad	ddress (F	(P.O. Box Number is Not Acceptable)				
PLANTATI	ON, FL 33324						<del></del>			
				City		<del>.</del>			Zip Code	
	named entity submits this statement (	1.0		Í				FL		
the obligati	ions of registered agent. Signature, typed or printed name of registered agen	at and title if applicable. (No	OTE: Registers	d Agent signati	ure required	when reinstating)		DATE		
the obligati SIGNATURE_ FILI		9. Election Camp	oaign Finar	ncing	<b>\$</b> 5.	when reinstating)  00 May Be ed to Fees		DATE		
the obligati SIGNATURE_ FILL After Ma	Signature, typed or printed name of registered agen E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp	oaign Finar	ncing	<b>\$</b> 5.	00 May Be ed to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
the obligati SIGNATURE_ FILI	Signature, typed or printed name of registered agen	9. Election Camp	paign Finar	ncing	\$5. Add	00 May Be ed to Fees			DIRECTORS	S IN 11
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Interept certify that the information supplied with this filling 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.