2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# F94000000799

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

Current Principal Place of Business:

6501 LEGACY DR., MS 1103
PLANO, TX 750243698

New Principal Place of Business:

6501 LEGACY DR., MS 1205
PLANO, TX 750243698

Current Mailing Address:

6501 LEGACY DR MS 1205
A12
PLANO, TX 75024698 US

New Mailing Address:

FEI Number: 75-2523867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGRATH, P.M.
Address: 6501 LEGACY DR.
City-St-Zip: PLANO, TX 75024

Title: D ( ) Delete
Name: SCHULMAN, RONALD
Address: 6501 LEGACY DR., MS 0011
City-St-Zip: PLANO, TX 75024

Title: VP ( ) Delete
Name: FARAHMAND, NANCY C
Address: 6501 LEGACY DR.
City-St-Zip: PLANO, TX 75024

Title: VT ( ) Delete
Name: NAPOLI, F.N.
Address: 6501 LEGACY DR., MS 1302
City-St-Zip: PLANO, TX

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change ( ) Addition
Name: NAPOLI, F.N.
Address: 6501 LEGACY DR., MS 1302
City-St-Zip: PLANO, TX 75024

Title: S ( ) Change (X) Addition
Name: HOOD, R. K.
Address: 6501 LEGACY DRIVE
City-St-Zip: PLANO, TX 75024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C. FARAHMAND V 04/25/2006

Electronic Signature of Signing Officer or Director — Date