

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91834 026 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 type="checkbox"/> Delete |
| NAME | STEINMATZ, P.A. | |
| STREET ADDRESS | 6501 LEGACY DR., MS 0011 | |
| CITY-ST-ZIP | PLANO TX 75024 | |
| TITLE | P | <input 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 | | <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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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* **N.C. FARAHMAND** 972-431-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)