

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F9600004811			
1. Corporation Name SMC-SPE-1, INC.			
Principal Place of Business 7100 SERVICE MERCHANDISE DR P.O. BOX 24600 NASHVILLE, TN 37202		Mailing Address 7100 SERVICE MERCHANDISE P.O. BOX 24600 NASHVILLE, TN 37202	
2. Principal Place of Business 21		2a. Mailing Address 28	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
ZIP 24		Country 25	
Country 25		Country 29	
Country 29		Country 30	
3. Date Incorporated or Qualified 9/19/96		3a. Date of Last Report	
4. FEI Number 62-1652314		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing \$6.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 ZIP	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP COBD ZIMMERMAN, RAYMOND 7100 SERVICE MERCHANDISE DR BRENTWOOD, TN 37027		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPCFO, D CUSANO, SAM 7100 SERVICE MERCHANDISE DR BRENTWOOD, TN 37027		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P, D WITKIN, GARY 7100 SERVICE MERCHANDISE DR BRENTWOOD, TN 37027		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S MOORE, C. STEVEN 7100 SERVICE MERCHANDISE DR 7100 SERVICE MERCHANDISE DR		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT ADAMS, DONNA 7100 SERVICE MERCHANDISE DR 7100 SERVICE MERCHANDISE DR		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		800002182338 -05/19/97--01014--025 \$165.00	
SIGNATURE: DONNA M. ADAMS		4/30/97 (615) 660-3305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	