

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90186 025 \*\*\*150.00

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1. Corporation Name

SEARS BANKRUPTCY RECOVERY MANAGEMENT SERVICES, I  
NC.



Principal Place of Business

3333 BEVERLY ROAD  
HOFFMAN ESTATES IL 60179

Mailing Address

3333 BEVERLY ROAD  
HOFFMAN ESTATES IL 60179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-6032267

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P  
NAME ~~CURTIS, ANDY~~  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P  
Lacy, Alan J. ☒ Change ☐ Addition

TITLE VS  
NAME ~~MORAN, JOYCE E~~  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

S  
FitzSimon ☒ Change ☐ Addition

TITLE T  
NAME ~~PETERSON, ALICE~~  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

AS  
Matthews, Carla N. ☒ Change ☐ Addition

TITLE AT  
NAME ~~CONSTANTINE, JAMES D~~  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
Lacy, Alan J. ☒ Change ☐ Addition

TITLE D  
NAME ~~STEWART, ALLAN D~~  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul W. Sarnant* 4/28/99 (847) 286-9032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)