

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001871

1. Entity Name

SEARS HOME ADMINISTRATIVE SERVICES, CO.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90039 035 ***158.75

715016



DO NOT WRITE IN THIS SPACE

Principal Place of Business
750 WASHINGTON BLVD., 5TH FL
STAMFORD CT 06901

Mailing Address
750 WASHINGTON BLVD., 5TH FL
STAMFORD CT 06901-3722

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

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

City & State

Zip Country Zip Country

4. FEI Number
36-424-9733

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELENDEZ, JOSEPH	
STREET ADDRESS	750 WASHINGTON BLVD., 5TH FL	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	REILLY, THOMAS	
STREET ADDRESS	750 WASHINGTON BLVD., 5TH FL	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DUBIN, JANETTE E	
STREET ADDRESS	750 WASHINGTON BLVD., 5TH FL	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PIGOTT, JOHN	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHNEIDER, PAMELA R	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HEIFETZ, HEIDI	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla N. Matthews	
STREET ADDRESS	3333 Beverly RD	
CITY-ST-ZIP	Hoffman Estates, IL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie A. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

203-359-4055

Daytime Phone #

CR2E034 (9/99)