

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90111 046 ***150.00

DOCUMENT # F99000001871

1. Entity Name

SEARS HOME ADMINISTRATIVE SERVICES, CO.

Principal Place of Business

750 WASHINGTON BLVD., 5TH FL
STAMFORD CT 06901

Mailing Address

750 WASHINGTON BLVD., 5TH FL
STAMFORD CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4249733

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, 2001 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 ☒ Delete
NAME MELENDEZ, JOSEPH
STREET ADDRESS 750 WASHINGTON BLVD., 5TH FL
CITY-ST-ZIP STAMFORD CT

TITLE PD ☐ Change ☒ Addition
NAME William J. Gabb
STREET ADDRESS 750 Washington Blvd. 5th Fl.
CITY-ST-ZIP Stamford, CT 06901

TITLE V ☐ Delete
NAME REILLY, THOMAS
STREET ADDRESS 750 WASHINGTON BLVD., 5TH FL
CITY-ST-ZIP STAMFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME DUBIN, JANETTE E
STREET ADDRESS 750 WASHINGTON BLVD., 5TH FL
CITY-ST-ZIP STAMFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☒ Delete
NAME PIGOTT, JOHN
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE VTD ☐ Change ☒ Addition
NAME Judd R. Feldman
STREET ADDRESS 3333 Beverly Road
CITY-ST-ZIP Hoffman Estates, IL 60179

TITLE S ☒ Delete
NAME SCHNEIDER, PAMELA R
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE S ☐ Change ☒ Addition
NAME Paul R. Shay
STREET ADDRESS 3333 Beverly Road
CITY-ST-ZIP Hoffman Estates, IL 60179

TITLE AS ☒ Delete
NAME MATTHEWS, CARLA N
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE AS ☐ Change ☒ Addition
NAME Christine Menges
STREET ADDRESS 3333 Beverly Road
CITY-ST-ZIP Hoffman Estates, IL 60179

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)