


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 027 ***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 3333 BEVERLY ROAD B2-130B HOFFMAN ESTATES, IL 60179
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

01272004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4249733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABB, WILLIAM J	NAME	
STREET ADDRESS	3333 BEVERLY ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JUDD R	NAME	
STREET ADDRESS	3333 BEVERLY RD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAY, PAUL	NAME	\$ Vacant
STREET ADDRESS	3333 BEVERLY RD	STREET ADDRESS	3333 Beverly Rd.
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	HOFFMAN Estates, IL 60179
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTERMAN, MARK	NAME	
STREET ADDRESS	3333 BEVERLY ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HECTOR E	NAME	
STREET ADDRESS	3333 BEVERLY RD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENGES, CHRISTINE	NAME	
STREET ADDRESS	3333 BEVERLY RD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	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: *Christine Menges* **Christine Menges** **4-19-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #