

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91415 044 ***150.00

DOCUMENT # F99000001971

1. Entity Name

SEARS HOME ADMINISTRATIVE
SERVICES, CO.



DO NOT WRITE IN THIS SPACE

11040256

2. Principal Place of Business

750 Washington Blvd.

Suite, Apt. #, etc.

5th fl.

City & State

Stamford, CT

Zip

06901

Country

USA

3. Mailing Address

3333 Beverly Road

Suite, Apt. #, etc.

B2-130B

City & State

Hoffman Estates, IL

Zip

60179

Country

USA

4. FEI Number

36-4249733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	William Gabb
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	VP & Treasurer
NAME	Judd R. Feldman/Director
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	Secretary
NAME	Paul Shay
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	Asst. Secretary
NAME	Mark Testerman
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	Asst. Secretary
NAME	Hector E. Rodriguez
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	Asst. Secretary
NAME	Christine McGees
STREET ADDRESS	3333 Beverly Road
CITY-ST-ZIP	Hoffman Estates, IL 60179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SHAY

04/29/2003 847.286.9174

Date

Daytime Phone #

CR2E034B (12/02)