## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 9900000 1871

1. Entity Name

SEARS HOME ADMINISTRATIVE SERVICES, CO.



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

05-05-2003 91415 044 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

11040256

							11040236			
2. Principal F	Place of Business  O Washing	3. Mailing Address 3333 Beve								
Suite, Apt.	.#, etc.		Suite, Apt. #, etc.  Ba - 130 B				DO NOT WRITE IN THIS SPACE			
City & State Stamford, CT			City & State Hoffman Estates, IL			4.	FEI Number 36-424973	3	Applied For Not Applicable	
Zip 69	I Countr	USA	Zip Ce 0179	Coun	utry USA	5.	Certificate of Status Desired		.75 Additional Required	
	and the second s	grandinengine et Gredenskrifte. (* 1807) 1880 - Herring Schwinsteller, der der de	entropadam diskupi ripida di 25. optika	7. Name and Address of Current Registered Agent						
DO NOT WRITE					Name CT Comporation System					
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					1200 South Pine Island Road					
					City Plantation FL Zip Code 333324					
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.										
file confidencia on registered agents										
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							onstaning)	UAIE.	_ <del>-</del>	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							Election Campaign Fina     Trust Fund Contribution.	· -	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS						68.79	Control of the contro		two way is a second	
TITLE	Presiden	+/Direct	or	TITLE						
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CITY-ST-ZIP	MOTTHIAN	estates	5, 1L 60179	CITY-	-ST-ZIP	Property of		, es <u>a.,</u>		

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

04/24/2003 847.286.9174

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