FILE NOW: FILING FEE AFTER MAY 1 IS $226.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29657** **(4)**

1. Corporation Name
SERVICE MERCHANDISE COMPANY, INC.

Principal Place of Business	Mailing Address
7100 SERVICE MERCHANDISE DR P O BOX 24600 NASHVILLE TN 37202	7100 SERVICE MERCHANDISE DR P O BOX 24600 NASHVILLE TN 37202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/07/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **62-0816060** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	CHAIRMAN OF BOARD/DIRECTOR ☒ Change ☐ Addition
NAME	ZIMMERMAN, RAYMOND	12 NAME	
STREET ADDRESS	7100 SVC MERCHANDISE DR	13 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	14 CITY-ST-ZIP	
TITLE	VPCF	21 TITLE	☐ Change ☐ Addition
NAME	CUSANO, SAM	22 NAME	
STREET ADDRESS	7100 SVC MERCHANDISE DR	23 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	BODZY, GLEN A.	32 NAME	
STREET ADDRESS	7100 SVC MERCHANDISE DR	33 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	34 CITY-ST-ZIP	
TITLE	~~AS~~	41 TITLE	☒ Change ☐ Addition
NAME	~~BAIN, C.E.~~	42 NAME	
STREET ADDRESS	~~7100 SVC MERCHANDISE DR~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~BRENTWOOD TN~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CRANE, RICHARD	52 NAME	
STREET ADDRESS	1126 WILSHIRE BLVD	53 STREET ADDRESS	530 WILSHIRE BLVD, SUITE 400
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	SANTA MONICA, CA. 90401
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	HOLT, R. MAYNARD	62 NAME	
STREET ADDRESS	4400 BELMONT PARK TERR.	63 STREET ADDRESS	4741 TROUSDALE DRIVE, SUITE 1
CITY-ST-ZIP	NASHVILLE TN	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M E Hogrefe TREASURER **MICHAEL E. HOGREFE** 615-660-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 FP