Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

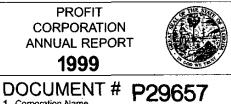
Added to Fees

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90001 020 \*\*\*750.00

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SERVICE MERCHANDISE CON	/IPANY,	INC.
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Principal Place of Business

7100 SERVICE MERCHANDISE DR P O BOX 24600 NASHVILLE TN 37202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

1. Corporation Name

Mailing Address

7100 SERVICE MERCHANDISE DR P O BOX 24600

NASHVILLE TN 37202

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/07/1990 4. FEI Number

62-0816060

Zip	Country	Zip	Country		8. This corporation owes the currer		_
24	25	29 30	30		Personal Property Tax.	Yes	ØNo
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New Re	gistered Agent	
		WOTTH INC	81	Name			ļ
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
SUIT	E 105		83				-
TALL	AHASSEE FL 32301						
			84	City		FL 85 Zip	Code
office or re	to the provisions of Sections 607.0502 a agistered agent, or both, in the State of I in familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corpora	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its	registered egistered
SIGNATORE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Re	egistered Agen	t signature requ	uired when rematating)	DATE	
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12 Addition
TITLE	Р	<b>☑</b> DELETE	1.1 TITLE		President .	Change	M Addition
NAME	WITKIN, GARY		1.2 NAME	K	Ehardessesepter		
STREET ADDRESS	7100 SERVICE MDSE DR		1.3 STREET		1700 Service Merchandise Bl	<b>પ</b> ો,	ĺ
CITY-ST-ZIP	BRENTWOOD TN 37027		1.4 CITY- ST		Brentwood, TN 37027		
TITLE	VPCF	☑ DELETE	2.1 TITLE	Υ:	ice-President & CFO	☐ Change	Addition
NAME	CUSANO, SAM		2.2 NAME		Zames Garcett		ĺ
STREET ADDRESS	7100 SVC MERCHANDISE DR		2.3 STREET	ADDRESS 1	100 Service Merchandish BIVI.		Į
CITY-ST-ZIP	BRENTWOOD TN		2. 4 CITY-S	T-ZIP	Brentwood, TN 37027		
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	MOORE, STEVEN C		3.2 NAME				
STREET ADDRESS	7100 SVC MERCHANDISE DR		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027		3.4. CITY-5	T-Z}P			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	CRANE, RICHARD		4, 2 NAME				
STREET ADDRESS	530 WILSHIRE BLVD, SUITE 400		4.3 STREET	ADDRESS			
CITY-ST-ZIP	SANTA MONICA CA		4.4 CITY-ST	-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	HOLT, R. MAYNARD		5.2 NAME				
STREET ADDRESS	4741 TROUSDALE DRIVE, SUITE	1	5.3 STREET	ADDRESS			
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-S1	-ZIP			
TITLE	AS	DELETE	6.1 TITLE	A	Issistant Secretary	☐ Change	Addition
NAME	HAMILTON, MARC		6.2 NAME	2	andra K Caru	•	
STREET ADDRESS	7100 SVC MDSE DR		6.3 STREET	ADDRESS 1	1100 Service Muchandise Blk	١,	
CITY-ST-ZIP	BRENTWOOD TN 37027		6.4 CITY-ST		Brentwood TN 37027		
COLUMN TO SERVICE STATE OF THE							

14. 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 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, with all other like empowered.

SIGNATURE: