

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

DOCUMENT # P29657

1. Corporation Name

SERVICE MERCHANDISE COMPANY, INC.

Principal Place of Business

7100 SERVICE MERCHANDISE DR
P O BOX 24600
NASHVILLE TN 37202

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WITKIN, GARY	
STREET ADDRESS	7100 SERVICE MDSE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	CUSANO, SAM	
STREET ADDRESS	7100 SVC MERCHANDISE DR	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, STEVEN C	
STREET ADDRESS	7100 SVC MERCHANDISE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRANE, RICHARD	
STREET ADDRESS	530 WILSHIRE BLVD, SUITE 400	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, R. MAYNARD	
STREET ADDRESS	4741 TROUSDALE DRIVE, SUITE 1	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, MARC	
STREET ADDRESS	7100 SVC MDSE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Se Septer	
1.3 STREET ADDRESS	7100 Service Merchandise Blvd.	
1.4 CITY-ST-ZIP	Brentwood, TN 37027	
2.1 TITLE	Vice-President & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Garrett	
2.3 STREET ADDRESS	7100 Service Merchandise Blvd.	
2.4 CITY-ST-ZIP	Brentwood, TN 37027	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sandra K. Cary	
6.3 STREET ADDRESS	7100 Service Merchandise Blvd.	
6.4 CITY-ST-ZIP	Brentwood, TN 37027	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

615/660-3971

CR2E034 (1/98)

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