

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211517742

1.) CORPORATION NAME:

**JCPenney Company of Virginia (USED IN VA BY: J.
C.Penney Company, Inc.)**

DUE DATE: **9/30/2011**

SCC ID NO: **F1524554**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,250,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6501 LEGACY DR

CITY/ST/ZIP: PLANO, TX 75024-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: J. L. DHILLON
TITLE: SEC/GC
ADDRESS: 6501 LEGACY DR
CITY/ST/ZIP/CO: PLANO, TX 75024-

OFFICER DIRECTOR

NAME: M E ULLMAN III
TITLE: CEO/CHAIRMAN
ADDRESS: 6501 LEGACY DR
CITY/ST/ZIP/CO: PLANO, TX 75024-

OFFICER DIRECTOR

NAME: SALIL R VIRKAR
TITLE: ASST SECRETARY
ADDRESS: 6501 LEGACY DRIVE
CITY/ST/ZIP/CO: PLANO, TX 75024-

OFFICER DIRECTOR

NAME: D. P. MILLER
TITLE: VICE PRESIDENT
ADDRESS: 6501 LEGACY DRIVE
CITY/ST/ZIP/CO: PLANO, TX 75024-

OFFICER DIRECTOR

NAME: COLLEEN C BARRETT
TITLE: DIRECTOR
ADDRESS: 6501 LEGACY DRIVE
CITY/ST/ZIP/CO: PLANO, TX 75024-

OFFICER DIRECTOR

NAME: M A BURNS TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: K B FOSTER TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: T J ENGIPOUS TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAVIER G TERUEL TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GERALDINE LAYBOURNE TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BURL OSBORNE TITLE: DIRECTOR ADDRESS: 6501 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SALIL R VIRKAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SALIL R VIRKAR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/9/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.